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HAMPSHIRE COUNTY COUNCIL

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ANNUAL REPORT

of the

County Medical Officer

and

Principal School Medical Officer

I. A. MacDOUGALL, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1964

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# HAMPSHIRE COUNTY COUNCIL

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## **ANNUAL REPORT** of the **COUNTY MEDICAL OFFICER** and **PRINCIPAL SCHOOL MEDICAL OFFICER** for the year **1964**

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### INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1964, covering both the Health and School Health Services.

The population of the Administrative County continues its steep rise; during 1964 there was an increase of 31,960 of which 23,408 represents inward migration of population. The birth rate which has steadily risen since 1955 was 20.1 (19.9 last year) and compares with the figure of 18.4 for England and Wales.

The County maternal mortality rate was 0.28; the infant mortality rate was 18.9 and compares with the figure of 20.0 for England and Wales. These various vital statistics, taken together, are an index of general good health in the County.

The practice of integrating the various local health authority domiciliary services with those of the family doctor is now well established in this County. Much evidence will be found in the following pages of the benefits resulting from this close integrated way of working; I refer, of course, to benefits which patients derive from the far better medical service which can be given to them.

So far as the School Health Service is concerned there has been no major change in the administration or scope of this work in 1964. The existing method of selective medical examination was introduced in 1959 and after five years it is still proving a workable and effective procedure. I believe that if it were failing to reveal defects on any significant scale there would be clear evidence by now: despite a critical watchfulness there has been no such evidence.

As in previous years I have to report that certain of the health services for school children are seriously limited by our inability to obtain suitable professional staff: this applies particularly to the school eye clinics, speech therapy and child guidance.

On the other hand I am happy to say that the problem of securing school dental staff, for many years so difficult, has now eased and the dental staffing in Hampshire is fairly satisfactory. This improved staffing in the dental service permitted an increase in the number of children receiving a second examination in the year, and also a further emphasis upon dental health education—both valuable contributions towards the prevention of dental decay.

The important extensions to the services for children with hearing defects were the opening of a third Unit for Partially Hearing children in the Wallisdean Junior School, Fareham; and the commencement, towards the end of the year of two more audiology clinics at Winchester and Basingstoke, under the clinical leadership of Mr. Remington-Hobbs, F.R.C.S.

It is a pleasure once again to express my thanks to my colleagues in the Education Department and in particular to the Head Teachers in the schools for their courtesy and co-operation.

Once again I would wish to express my thanks for the tremendous help received during the year from the various voluntary organisations which makes such a big contribution to the Health Service of the County.

I take pleasure in expressing my thanks to all members of the staff, professional and lay, for their conscientious work throughout the year. Finally I would give sincere thanks to the Chairmen and members of the Committees associated with the work of my Department for their continued help and encouragement.

I. A. MacDOUGALL,  
*County Medical Officer.*



## STAFF

(As at 31st December, 1964)

### County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

### Deputy County Medical Officer and Deputy Principal School Medical Officer:

L. J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

### Principal Medical Officer for Mental Health:

Dr. E. B. McDowall, D.S.C., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.

### Senior Medical Officers:

Dr. J. D. Willins, M.B., Ch.B., D.P.H.

Dr. R. A. Matthews, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### Whole-time Assistant County Medical Officers and School Medical Officers

Laurel Campbell, M.R.C.S., L.R.C.P.

T. F. H. Duffell, M.R.C.S., L.R.C.P., C.P.H.

Nancy E. V. Matthews, M.B., B.S., M.R.C.S., L.R.C.P.

Joan H. Nuttall, M.B., B.S.

Dorothy E. M. Pierce, M.B., Ch.B., D.C.H.

Angela J. Smith, M.R.C.S., L.R.C.P., D.A.

Phyllis Watson, B.A., M.R.C.S., L.R.C.P.

Sylvia H. Yates, M.B., Ch.B., D.P.H. (Senior A.C.M.O.).

### Part-time Assistant County Medical Officers and School Medical Officers

Catherine Avery, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Rosemary Beasley, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.

Rosemary Bradmore, M.B., Ch.B., C.P.H., D.C.H.

Alison M. Bush, M.B., B.S., D.C.H.

Joy K. Colley, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H.

Anne B. Cowan, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Margaret Cowan, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.

Muriel Evans, M.D., Ch.B., F.R.C.S.

Margaret Exley, J.P., M.B., B.S.

R. J. Green, M.B., B.S., L.R.C.P., M.R.C.S.

Shirley Y. Hurley, M.B., B.S., M.R.C.S., L.R.C.P.

Myrtle Hutchins, M.R.C.S., L.R.C.P., D.C.H.

Evelyn V. Karney, M.B., B.S. (Temporary).

Aldyth Munro, M.B., Ch.B.

Patricia J. Seracold, B.M., B.Ch. (Temporary).

Margaret R. Shail, B.A., M.B., Ch.B., D.Obst.R.C.O.G.

Clare Spriggs, M.B., Ch.B.

Aileen Stansfeld, M.B., Ch.B., D.P.H.

Barbara M. Thirlaway, M.B., B.S.

Vivien V. Tracey, B.Sc., M.B., B.Ch., D.C.H., D.P.H.

Margaret E. J. Turner, M.R.C.S., L.R.C.P.

E. Marjorie Wallis, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Eileen M. Williams, M.B., Ch.B.

### A.C.M.O./S.M.O.'s also Medical Officers of Local Sanitary Authorities

J. Coutts Milne, M.B., Ch.B., D.P.H., D.T.M. & H.

M. Crowley, M.B., Ch.B., D.P.H.

A. G. Farr, M.B.E., M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.T.M. & H., D.I.H., D.P.H.

W. A. Glen, M.B., Ch.B., D.P.H.

R. A. Good, M.B., Ch.B., B.A.O., D.P.H.

S. Hewitt, M.B., B.S., B.Hy., D.P.H. (whole-time M.O.H. Havant and Waterloo U.D. Delegation Authority).

A. C. Howard, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Esther Jackson, M.B., Ch.B., D.P.H.

J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H. (Aldershot Divisional School Medical Officer).

D. J. N. McNab, V.R.D., M.B., Ch.B., D.P.H.

I. D. M. Nelson, M.B., B.Ch., B.A.O., D.P.H. (M.O.H. Gosport Delegation Authority).

S. C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.

T. E. Roberts, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

P. J. Speller, M.B., Ch.B., D.P.H.

R. J. K. Tallack, M.B., Ch.B., D.P.H.

**Chest Physicians:**

(Joint Appointments, Regional Hospital Board and County Council)

J. Butterworth, M.B., B.S.(Lond.), D.P.H.  
D. C. Lillie, M.B., Ch.B.(Glas.), D.P.H.  
M. E. Moore, M.A., M.D., B.Chir.  
J. S. Robertson, M.D., Ch.B., D.P.H.  
J. Sharp, M.R.C.S., L.R.C.P.  
D. J. ap Simon, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

**Consultant Otologists (part-time):**

H. K. M. Dastur, F.R.C.S., D.L.O. (Regional Hospital Board).  
C. Remington-Hobbs, F.R.C.S., D.L.O.

**Chief Dental Officer and Principal School Dental Officer:**

Mr. C. C. Chadwick, L.D.S., U.Lpool.

**Deputy Chief Dental Officer:**

Mr. F. H. Stewart, B.D.S., U.Glas.

**Area Dental Officers:**

Gosport—Mr. H. J. Miller, L.D.S., R.C.S.(Eng.).  
Havant and Waterloo—Mr. J. Watson, L.D.S., R.C.S.(Eng.).

**Whole-time:**

**Dental Officers:**

Mr. G. Belfield, B.D.S., L.D.S.(U.Manc.).  
Mrs. H. Blake, L.D.S., R.C.S.(Eng.).  
Mr. C. Boucher, L.D.S., R.C.S.(Eng.).  
Mrs. J. Carruthers, L.D.S.(U.Lpool.).  
Miss F. Daniel, B.D.S.(U.Edin.).  
Mr. S. E. H. P. Dodds, L.D.S.(U.Sheff.).  
Mr. J. Donald, L.D.S., R.C.S.(Eng.).  
Col. H. Foulkes-Roberts, L.D.S.(U.Lpool.).  
Mr. R. T. Hale, L.D.S., R.C.S.(Eng.).  
Mr. L. J. Haworth, L.D.S., R.C.S.(Eng.).  
Mr. P. Jeffery, L.D.S., R.C.S.(Eng.).  
Surg. Comdr. (D) E. W. King-Turner, R.N. (Rtd.), L.D.S., R.C.S.(Eng.).  
Mr. D. Lacey, B.D.S.(U.Lond.).  
Mrs. P. Le Couteur, B.D.Sc.(Melbourne), L.D.S.(Victoria).  
Mr. J. A. Leney, L.D.S.(U.Lpool.).  
Mr. K. Leney, L.D.S.(U.Lpool.).  
Mrs. E. B. McGregor, L.D.S. (U.St.Andrews).  
Mr. C. G. Palmer, L.D.S., R.C.S.(Eng.).  
Mr. C. F. Preston, L.D.S., R.C.S.(Eng.).  
Mr. D. Robertson, L.D.S.(U.Birm.).  
Mr. D. Silver, L.D.S.(U.Sheff.).  
Mr. A. Stidolph Smith, L.D.S., R.F.P.S.(Glas.).  
Surg. Capt. (D) R. Stevens, R.N. (Rtd.), L.D.S., R.C.S.(Eng.).  
Mr. F. A. Soper, L.D.S., R.C.S.(Eng.).  
Mr. P. Sunderland, L.D.S.(U.Leeds).  
Mr. J. H. Thompson, L.D.S., R.C.S.(Eng.).  
Mr. J. Wilson, L.D.S., (Q.U.Belf.).  
Mr. W. S. Wood, B.A., B.Dent.Sc.(Dublin).

**Part-time:**

Miss E. O. Betts, L.D.S., R.C.S.(Eng.).  
Miss A. Birch, B.D.S.(U.Brist.).  
Mr. A. H. Chivers, B.D.S., L.D.S.(U.Brist.).  
Mrs. B. Durbin, L.D.S., R.C.S.(Eng.).  
Mrs. A. Hiles, B.D.S.(U.Brist.).  
Col. W. B. Purnell, L.D.S.(U.Lpool.).  
Mr. H. Sly, L.D.S., R.C.S.(Eng.).  
Mr. I. T. M. St. George, L.D.S., R.C.S.(Eng.).  
Dr. T. H. Thompson, L.D.S., R.S.C.(Edin.), L.R.C.P. & S.(Edin.),  
L.R.F.P. & S.(Glas.).  
Mr. H. Young, L.D.S., R.F.P.S.(Glas.).

**Dental Anaesthetists (part-time):**

Dr. H. C. J. Ball, M.R.C.S., L.R.C.P., D.A., F.F.A.R.C.S.  
Dr. K. Biss, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., D.A.  
Dr. Mary Brown, M.B., Ch.B., B.A.O.  
Dr. E. Jameson-Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.A.  
Dr. J. Foster, M.B., B.S.(Lond.), D.Obs.R.C.O.G., D.A.  
Dr. Dorothy Jones, B.A., M.R.C.S., L.R.C.P.  
Dr. S. C. de Clive Lowe, T.D., M.B., Ch.B., F.F.A.R.C.S., F.F.A.R.C.S.I., D.A.  
Lieut.-Col. W. H. Scriven, M.B.E., M.A., M.R.C.S., L.R.C.P., D.A., F.F.A.R.C.S.,  
F.F.A.R.C.S.I.  
Dr. Rosemary Trewby, M.R.S.C., L.R.C.P., D.A., D.P.H., D.I.H.

**Consultant Oral Surgeons (Regional Hospital Board):**

Mr. E. J. Dalling, M.B.E., T.D., F.D.S., L.D.S., R.C.S.(Eng.), H.D.D., R.F.P.S.(Glas.).  
Mr. R. A. Mayhew, F.D.S., L.D.S., R.C.S.(Eng.), B.D.S.(U.Lond.).  
Mr. C. Wishart, F.D.S., R.C.S.(Eng.), L.D.S., R.C.S.(Edin.), B.D.S.(U.Durham).

**Consultant Orthodontists (Regional Hospital Board):**

Mr. R. T. Broadway, M.D.S.(Lond.), F.D.S., D.Ortho., L.D.S., R.C.S.(Eng.).  
Mr. I. G. Davidson, F.D.S., D.Ortho., R.C.S.(Eng.), B.D.S.(U.Glas.).  
Mr. G. C. Dickson, F.D.S., D.Ortho., L.D.S., R.C.S.(Eng.), B.Ch.D., L.D.S.(Leeds).  
Mr. J. D. Hooper, D.Ortho., L.D.S., R.C.S.(Eng.).

**Dental Auxiliaries:**

Miss E. Burbury  
Mrs. J. Graham  
Miss J. Penny  
Mrs. A. Read  
Miss I. Wilson

**Dental Hygienist:**

Mrs. D. Pascoe

**Senior Dental Surgery Assistant:**

Mrs. C. F. S. Davis, S.R.N.

**Child Guidance Teams and School Psychological Service Staff:**

Dr. I. Hadfield, B.M., Ch.B., D.P.M.	...	...	...	Consultant Child Psychiatrist (R.H.B.)
Dr. L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H.	...	...	...	Consultant Child Psychiatrist (R.H.B.)
Dr. D. G. Melville-Thomas, M.A., M.B., B.Chir., D.P.H.	...	...	...	Consultant Child Psychiatrist (R.H.B.)
Mr. A. W. M. Harborth, M.A., B.Ed.	...	...	...	Senior Educational Psychologist
Mr. J. M. Foster, M.A., Ed.B.	...	...	...	Educational Psychologist
Mr. D. J. Gibbons, B.A., Dip. Child Psych.	...	...	...	Educational Psychologist
Mr. C. MacLavery, B.A.	...	...	...	Educational Psychologist
Mr. K. H. McLeod, B.Sc., Ed.B.	...	...	...	Educational Psychologist
Miss W. Barnes	...	...	...	Senior Psychiatric Social Worker
Miss S. M. Sparks	...	...	...	Psychiatric Social Worker
Miss A. K. Murphy	...	...	...	Psychiatric Social Worker
Miss J. Bevan	...	...	...	Psychiatric Social Worker
Mrs. M. Brittain	...	...	...	Social Worker (part-time)

**School Eye Clinic Oculists (part-time):**

(Regional Hospital Board)

P. L. Allen, M.R.C.S., L.R.C.P., D.O.M.S.  
A. E. Barrett, M.R.C.S., L.R.C.P., D.O.M.S.  
Vivien Bell, M.B., B.S.  
R. M. S. Cross, M.R.C.S., L.R.C.P., B.Ch.  
T. G. S. Murray, M.R.C.S., L.R.C.P., D.O.M.S.  
C. W. W. Brown, M.R.C.S., L.R.C.P., D.O.

**Orthoptist:**

(Winchester Group Hospital Management Committee)

Miss J. Plant

**Speech Therapy Service:**

Chief Speech Therapist:

Mr. A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T. (part-time)

**Speech Therapists:**

Miss G. M. Davies, L.C.S.T.	Miss E. I. Osmond, L.C.S.T. (part-time)
Miss K. M. L. Dickson, L.C.S.T. (part-time)	Mrs. M. A. Parker, L.C.S.T. (part-time)
Mrs. E. M. Gent, L.C.S.T. (part-time)	Mrs. J. A. Swallow, L.C.S.T.
Mrs. L. M. Matthews, L.C.S.T. (part-time)	Miss A. M. Tressider, L.C.S.T.
Mrs. C. A. McMaster, L.C.S.T. (part-time)	Mrs. C. M. Young, L.C.S.T. (part-time)

**Audiologists:**

Mr. R. M. Macpherson  
Mr. M. Walsh

**County Nursing Officer:**

Miss J. C. Maughan

**Deputy County Nursing Officer:**

Miss J. F. Carré

**County Ambulance Officer:**

Mr. E. T. Mallinson, B.E.M.

Chief Mental Welfare Officer	...	...	...	Mr. C. Hemsley
County Organiser, Home Help Service	...	...	...	Miss L. M. Hamilton
County Organiser, Training Centres	...	...	...	Mrs. F. Hook
Organising Hospital Liaison Health Visitor	...	...	...	Miss M. A. Wadham
Health Education Officer	...	...	...	Miss P. J. Pitcairn-Jones
Audiometrician	...	...	...	Mr. F. R. Vitoria
Chief Lay Administrative Officer	...	...	...	Mr. C. G. Cartwright
Deputy Chief Lay Administrative Officer	...	...	...	Mr. P. L. Lloyd, D.M.A.



## GENERAL AND VITAL STATISTICS

### Population.

The population of the Administrative County estimated by the Registrar General in Mid 1964 was as follows:—

Urban Districts ...	516,830
Rural Districts ...	337,960
Administrative County	854,790

<i>Year</i>	<i>Population</i>	<i>Year</i>	<i>Population</i>
1953	676,200	1959	750,000
1954	670,850	1960	765,130
1955	680,600	1961	775,160
1956	699,000	1962	801,740
1957	715,100	1963	822,830
1958	732,200	1964	854,790

### VITAL STATISTICS.

1964

Live births ... ..	17,242
Live birth rate per 1,000 population ... ..	20.1
Illegitimate live births per cent. of total live births ... ..	5.8
Still births ... ..	235
Still birth rate per 1,000 live and still births ... ..	13.4
Total live and still births ... ..	17,477
Infant deaths (deaths under 1 year) ... ..	327
Infant mortality rate per 1,000 live births—total ... ..	18.9
Infant mortality rate per 1,000 live births—legitimate ... ..	18.8
Infant mortality rate per 1,000 live births—illegitimate ... ..	20.6
Neo-natal (deaths under four weeks) per 1,000 live births ... ..	13.4
Early Neo-natal (deaths under one week) per 1,000 total live births ... ..	11.6
Perinatal (still births and deaths under one week) per 1,000 total of live and still births ... ..	24.8
Maternal deaths (including abortion) ... ..	5
Maternal mortality rate per 1,000 live and still births ... ..	0.28

### LIVE AND STILL BIRTHS.

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 population</i>	<i>England and Wales</i>
Live Births:					
Legitimate	8,184	8,043	16,227	18.98	
Illegitimate	512	503	1,015	1.18	
			17,242	20.17	18.4
Still Births:					
Legitimate	111	108	219	0.256	
Illegitimate	8	8	16	0.018	
			235	0.274	—
Total Live and Still Births:	8,815	8,662	17,477	20.4	—

The illegitimate live birth rate per cent. of total live births for the County was 5.8.

The still birth rate per 1,000 total live and still births for the County was 13.4 compared with 16.3 for England and Wales.

### DEATHS.

<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 population</i>	<i>England and Wales</i>
4,474	4,216	8,690	10.1	11.3

As will be seen from the following details extracted from the Table of deaths on page 27 the main causes of deaths continue to be diseases of the circulatory system and cancer.

	Number of Deaths					
	1964	1963	1962	1961	1960	1959
Diseases of the circulatory system ... ..	4,542	4,943	4,515	4,508	4,442	4,099
Cancer ... ..	1,644	1,544	1,499	1,524	1,443	1,339
Pneumonia ... ..	457	562	518	441	338	406
Bronchitis ... ..	336	458	365	355	299	271

MATERNAL MORTALITY.

There were five deaths in the area during 1964 attributable to Pregnancy, Childbirth and Abortion. The ages and cause of death are as follows:—

- 1. Age 17—1 (a) Pulmonary embolus  
(b) Deep vein thrombosis (post mortem examination revealed that this was post partum pelvic vein thrombosis)
- 2. Age 39—1 (a) Toxaemia  
(b) Clostridium welchii peritonitis  
(c) Septic abortion  
2 Insufficient evidence to show how the cause of death arose—Open verdict
- 3. Age 19—1 (a) Longitudinal sinus thrombosis from septic abortion  
2 Natural causes
- 4. Age 40—1 (a) Haemorrhage and shock  
(b) Rupture of the uterus and laceration of the pelvic cellular tissues  
(c) Forceps extraction of breach delivery of a post mature infant
- 5. Age 34—1 (a) Haemorrhage and shock  
(b) Rupture of the uterus  
(c) Forceps delivery of stillborn infant

The Maternal deaths and death rates per 1,000 total live and still births over the last ten years are as follows:—

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Cases	6	5	7	8	7	8	2	4	2	5
Rate per 1,000	0.54	0.42	0.56	0.61	0.51	0.56	0.13	0.25	0.12	0.28

DEATHS OF INFANTS UNDER ONE YEAR.

	Number	Administrative County	England and Wales
Total Infants per 1,000 live births	327	18.9	20.0
Legitimate Infants per 1,000 Legitimate births ... ..	306	18.8	—
Illegitimate Infants per 1,000 Illegitimate births ... ..	21	20.6	—

For 1962 the figures were—19.08; 18.6; 28.4. 1963—18.99; 18.71; 26.81.

DEATHS OF INFANTS UNDER FOUR WEEKS.

	Number	Rate per 1,000 total live births
Neo-Natal (deaths under four weeks) ... ..	232	13.4
Early Neo-Natal (deaths under one week) ... ..	200	11.6
	Number	Rate per 1,000 total live and still births
Perinatal (still births and deaths under one week combined) ... ..	435	24.8

NEO-NATAL MORTALITY.

The number of babies dying under the age of four weeks was as follows:—

	1963	1964
Dying before 24 hours ... ..	94	121
Dying between 1 day and 1 week ... ..	79	79
Dying beteen 1 week and 4 weeks ... ..	28	32
	201	232

# NATIONAL HEALTH SERVICES ACT, 1946

## LOCAL HEALTH AUTHORITY SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN.

There has been a continual increase in the demand for the **Child Welfare Services**. As shown by the statistics which appear later in this report, there has been a further increase in the number of Local Health Authority Child Welfare Clinics held and in the number of children attending. There has also been an increase in the number of baby clinics operated by General Practitioners at their surgeries with Health Visitors attending and there has been a marked increase in the number of children attending these baby clinics, from 1,275 in 1963 to 4,512 in 1964. There are at present 21 baby clinics conducted by General Practitioners at their surgeries and in addition 15 Local Health Authority Clinics are attended by General Practitioners.

The **Ante-Natal Relaxation Classes** conducted by Health Visitors and District Midwives continue to be very popular.

As from the beginning of 1964, Local Health Authorities have been required to submit to the Registrar General details of all **congenital abnormalities** apparent at birth. Satisfactory arrangements have been made to ensure that all such abnormalities are notified to me by the midwives at the time of birth, and subsequently each case is checked with the General Practitioner or Consultant Paediatrician concerned to ensure the accuracy of the diagnosis.

The **Audiology scheme** has continued and the Senior Audiologist, Mr. R. M. Macpherson, reports as follows:—

#### Hearing Testing of Young Children.

Health Visitor screening tests of hearing have shown an increase for 1964—total tests being 6,113 out of 17,242 live births. This has included both “At Risk” and routine groups, the respective number of tests being 2,387 and 3,726 including Havant and Gosport. Of these, 272 were retested at the bi-monthly Re-Assessment Clinics carried out by Mr. Macpherson and Mr. Walsh. This number includes routine tests for pre-school children or speech therapy cases requiring tests.

Nine pre-school children were finally diagnosed as having severe sub-total hearing loss. Of these, eight came within the “At Risk” category.

#### Health Visitor Training.

In co-operation with the Superintendent of Social Science at Southampton University, further courses of Training in screening techniques have been given to Health Visitors attending the one-year course at the University and where necessary, serving County Health Visitors have been included in these courses.

This year also, specially selected Health Visitors have been given courses in carrying out the “Stycar Hearing Test” related to children attending the Mental Health Training Centres.

#### Parent Guidance and Auditory Training.

There have been 44 children under weekly training throughout the County, the work being divided between Mr. Macpherson and Mr. Walsh.

Seven more Speech Training Units were ordered during this year, bringing the number in use up to 27 thus enabling the majority of children who require the greater amplification which these afford, to have the use of one for a period of approximately nine months.

A pioneer scheme intended to make more expedient provision for individual ear moulds has been introduced this year. This involves the use of a new ear impression material which makes an individual ear mould in one process. The Audiologists have been using this method on a limited number of children, but if entirely successful it is hoped to make the individual ear moulds in the child's home when necessity arises thus obviating the need for long waiting lists, etc.

#### Audiology Clinics.

Two further Audiology Clinics were started at Basingstoke and Winchester under the direction of the Consultant Otologist, Mr. C. Remington-Hobbs. These Clinics are held monthly and have proved invaluable in reducing to a minimum, the period between initial screening and final diagnosis.

### PRIORITY DENTAL SERVICES FOR MOTHERS AND YOUNG CHILDREN.

Mr. C. C. Chadwick, Chief Dental Officer, reports:—

“While the number of mothers treated in 1964 (200) rose slightly compared with the previous year (194), this figure is a very small proportion of those eligible for treatment. A mother's responsibility to receive regular dental inspection and treatment from as early as possible in pregnancy until her baby is one year old is a feature which is stressed most strongly in dental health sessions at ante-natal classes where most of those attending visit their family practitioner regularly for dental treatment.

Expectant and nursing mothers are assumed to accept their responsibility to themselves, but it is a regrettable fact which is corroborated at school dental inspection of five-year-olds, that the parental responsibility to ensure regular dental inspection and treatment when necessary for children from the age of three years is not fully realised. In an effort to combat this lack of knowledge or apathy, more Child Welfare Centres were visited by Dental Officers in 1964, and a heartening increase in the number of toddlers inspected (3,441) compared with the previous year (2,920) can be reported. It must be stated however, that only 10% of all three and four-year-old children were inspected in this way in 1964, and this situation continues to cause concern.

Dental Health talks to parent groups constantly stress the need for toddlers to be inspected early but this measure alone is obviously not sufficient. At the time of writing this report, investigations are in progress to make a direct approach to all parents of three-year-old children to inform and



to remind them that an early dental inspection for their young children is essential. Despite the administrative problems such a scheme would bring, it is hoped to put it into practice in the very near future, so as to encourage the attendance of three-year-olds for dental inspection and treatment if necessary, every four months. Clinic facilities are available for the treatment of these young patients and every effort must be made to safeguard their dental health."

### MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES.

The national shortage of nursing staff remains but nevertheless the County Council has been able to improve its recruitment position. The recruitment of Health Visitors in Hampshire is now comparatively easy. Many vacant posts for nurses and midwives have also been filled although there are still a few posts which are proving difficult. There seems no doubt that the geographical position of the County, together with our great advances in the attachment of Local Authority staff to General Practitioners, are great assets in the attraction of nursing staff.

A feature of the year was the continuing extension of the scheme for attaching Local Health Authority staff to General Practitioners and at the end of 1964 a total of 109 staff were attached to 152 General Practitioners. The attachment scheme has created national interest and many visitors, not only from this country but from overseas, have come to examine the scheme in operation at first hand.

The work of the District Midwives in many cases is gradually changing in character as a result of the increasing practice to discharge mothers and babies from maternity units to their own homes before the 10th day and quite often during the first two days. This change is reflected in the following table:—

*Percentage of mothers delivered in hospital who were discharged before the tenth day*

1962	...	...	22%
1963	...	...	27%
1964	...	...	31%

A second refresher course was held in Winchester in April, 1964, for Health Visitors at which 21 Hampshire Health Visitors attended together with six Health Visitors from neighbouring Authorities. This refresher course once again proved highly successful and a third course has been arranged for 1965.

### Maternity Cases—Social Investigation.

No change has been made in the arrangements for District Midwives to visit homes to assess the social circumstances where applications for maternity beds have been made on other than medical grounds. The statistical details are set out in the following table from which can be seen that in the overwhelming majority of cases the District Midwives confirm the social need for a hospital bed. By far the greatest contributory factor to this is the lack of domestic and family help beyond that which can be supplied by the County Home Help Service. During the year more stringent criteria were adopted for the admission of social cases to one of the hospital groups covering the County area and the effect of this is reflected in the higher proportion of cases refused beds.

<i>Year</i>	<i>Number of Applicants</i>	<i>Number Recommended Admission</i>	<i>Number not Recommended Admission</i>	<i>Number Granted Beds</i>	<i>Number Refused</i>
1962	3,838	3,558 (93%)	280 (7%)	3,587 (93.5%)	251 (6.5%)
1963	3,843	3,501 (91.1%)	342 (8.9%)	3,518 (91.6%)	325 (8.4%)
1964	3,896	3,460 (88.87%)	436 (11.2%)	3,451 (88.6%)	445 (11.4%)

### Care of Unmarried Mothers.

The arrangements between the County Council and the Diocesan Moral Welfare Council have continued under which the Moral Welfare Workers deal with the case work arising with unmarried mothers and their children. The very valuable work is carried out by the Moral Welfare Workers in assisting these girls and in particular in making suitable arrangements for their confinement. The number of illegitimate births rose yet again during the year and in most of these cases the help of the Moral Welfare Worker was sought. I wish to express my appreciation of their valuable help.

The County Council continued its financial support to the three Diocesan Councils by making direct grants towards the salaries and expenses of the Moral Welfare Workers. In addition the County Council contributed towards the cost of maintenance fees for mother and baby homes on the individual basis and the following tables indicate the assistance given:—

<i>Year</i>	<i>Total Illegitimate Live and Still Births</i>	<i>No. of Cases Assisted</i>	<i>County Council Total Expenditure</i>	<i>Approximate Average Cost per Case</i>	<i>Average Length of Stay (weeks)</i>	<i>Average Weekly Net Cost met by County Council</i>
1962	750	56 (7½%)	£1,960	£35	14	£2 10s. 0d.
1963	905	72 (8%)	£2,332	£32	11	£2 18s. 0d.
1964	1,031	106 (10%)	£2,763	£26	10	£2 16s. 4d.



<i>Year</i>	<i>Putative Father</i>	<i>Girl</i>	<i>Parents</i>	<i>National Insurance Benefit</i>	<i>County Council Grant</i>	<i>Total Cost</i>
1962	£157 (4%)	£44 (1%)	£229 (6%)	£1,376 (37%)	£1,960 (52%)	£3,766
1963	£239 (4.5%)	£62 (1%)	£402 (8%)	£2,140 (41.5%)	£2,332 (45%)	£5,175
1964	£203 (4.5%)	£61 (1.5%)	£233 (5%)	£1,248 (28%)	£2,763 (61%)	£4,508

## VACCINATION AND IMMUNISATION.

### Vaccination against Smallpox.

The statistics on page 21 show a slight drop in primary vaccination of children under one year of age, 2,040 against 2,304. The total number of vaccinations and re-vaccinations, however, increased from 10,337 to 15,570, the largest increase being in the one to two year age group (2,260 to 6,880).

### Diphtheria, Whooping Cough and Tetanus Immunisation.

No great variation is shown, primary immunisations all showing an increase.

### Poliomyelitis Vaccination.

A small increase is shown in this scheme. It is important in the various schemes that there should be no easing of the propaganda and every effort should be made to encourage those concerned to accept these important life-saving measures.

## COUNTY AMBULANCE SERVICE.

Mr. E. T. Mallinson, County Ambulance Officer, reports:—

“Central Control of the ambulance service from Winchester, to which I referred in my last report, was introduced on 16th March and, with remarkably few teething troubles, is working very satisfactorily. It operates from 6 p.m. to 8 a.m. Monday to Friday, from 12 noon Saturday to 8 a.m. Monday, and on bank and public holidays. The control room has three control positions each of which is equipped with a key and lamp unit to enable the controller to deal with an incoming telephone call on any of six lines—one line for “999” calls, one private wire from the local hospital, one ex-directory line for administrative purposes and three lines on auxiliary working for general calls. All positions have both telephone hand sets and lightweight head and breast sets which can be plugged in as required and two positions have microphones connected to the radio control console.

As part of the re-organisation of the Ambulance Service described in my report for 1963, shift working until 10 p.m. was introduced during 1964 at the ambulance sub-stations at Basingstoke, Eastleigh, Gosport and Havant. Generally speaking this change has been welcomed by the staff. The amount of standby duty has been reduced and their free time increased. From the Council’s point of view it has made possible a quicker response to emergency calls during the evenings and at week-ends at relatively little extra cost.

The new eight-bay ambulance station at Lymington was brought into use during the year. It is of SCOLA construction and almost identical to the station at Fareham described in my last report. This form of construction has proved quite satisfactory for ambulance stations but it is evident that for main stations where there is a control room and an office for the Superintendent, additional sound-proofing between rooms is desirable. A house for the Area Superintendent adjoins the station.

The three-bay sub-station at Totton was also opened and it is interesting to note that this is the first Hampshire ambulance station to be built on a “civic centre site” where are also found the Police Station, Court House, Fire Station, Library, Health Clinic, etc.”

Towards the end of the year Ministry of Health Hospital O. & M. Service Report No. 8 “Out-patient Departments and the Ambulance Service” was received. I asked the County Ambulance Officer to arrange informal meetings with the Secretaries of the larger hospitals to which the County Ambulance Service regularly takes out-patients, to discuss the recommendations contained in the report and, in particular, to ascertain to what extent the role of their transport officers met the requirements of Appendix C of the report. Several meetings were held before the end of the year and proved most helpful. It was evident that many hospitals, while anxious to improve their transport organisation, were handicapped by the inadequate nature of their premises. Nevertheless, I am hopeful that as new hospitals are built or old premises modernised, due attention will be paid to the siting of casualty and out-patient departments, transport departments, patients’ waiting rooms, etc., so that smooth operation of the Ambulance Service within the hospital precincts will be assured.

The Work Study Officer, in considering the staffing of the County Ambulance Service, recommended increased use of the Hospital Car Service for the conveyance of sitting cases so that the overall demands on the service could be met without any substantial increases in the establishment. More work was, in fact, passed to the Hospital Car Service in 1964, the number of patients conveyed being 188,905, an increase of 40,312 over the 1963 figure. There is no doubt that this largely voluntary service is a very valuable supplement to the directly provided Ambulance Service.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The numerous services under Section 28 were continued and in relation to tuberculosis, at the end of the year there were 4,223 (4,635—1963) cases on the Chest Clinic registers. This figure does

not indicate the many cases suffering from other chest conditions who are now being seen by the Chest Physician. The death rate for pulmonary tuberculosis per 1,000 population was 0.030 compared with 0.036 in 1963. The death rate from non-pulmonary tuberculosis was 0.007 (0.009—1963). The excellent work of the **voluntary Tuberculosis Care Committees** continued as did the County scheme for the provision of extra nourishment, beds and bedding. Discussion on the future of **Mount Industries** continued during the year.

#### B.C.G. Vaccination Scheme for Contacts.

The Chest Physicians carried out vaccination in 1964 as follows:—

No. skin tested	...	...	...	1,245
No. found positive	...	...	...	273
No. found negative	...	...	...	957
No. vaccinated	...	...	...	866

#### Rest Home Scheme.

During the year 124 patients were admitted. The problem of finding accommodation for those over 75 years of age continues. From Health Visitors' reports after the patients return home, it is apparent that the stays in the Rest Homes chosen have been enjoyable and beneficial.

The **Chiropody Service** continues to develop and both the British Red Cross Society and the Hampshire Council of Social Service have reported increased clinics and attendances during the year.

There are now 143 clinics, an increase of 14, whilst treatments/attendances increased by 2,087 to a total of 32,229. Of this total 5,555 were treatments given at home, due to the inability of the patient to attend a clinic or surgery.

Included in the general increase are the number of War Pensioners being referred for chiropody treatment by the Ministry of Pensions and National Insurance (War Pensions' Welfare Service). These cases now number 22, 16 more than last year.

The main difficulty appears to be the shortage of qualified chiropodists in the Rural Areas, but the registration of qualified chiropodists will, no doubt, help to solve this problem in the future.

The demands on this Service continue and allowance has been made for further increases during 1965.

Thanks are again due to the British Red Cross Society and the Hampshire Council of Social Service, together with its affiliated Local Old Peoples' Welfare Committees, for organising the service.

**Medical Loan and Comforts Depots**, established by the Order of St. John Ambulance Brigade and the British Red Cross Society continue to provide a valuable contribution in the care and comfort of the sick and handicapped in their own homes.

The British Red Cross Society to whom the County Council make an annual grant to assist in this service loaned some 11,547 articles during the year from their Medical Loan Depots.

A certificate of medical need is required to loan equipment and a hiring fee, according to the value of the article, is paid weekly, after an initial six weeks period free of charge.

In addition special equipment continues to be supplied by the Department.

During 1964 the following special equipment was loaned:—

					<i>On loan at 31.12.64</i>
"Russell-Grant" Hoists	...	...	...	81	42
"Zimmer" Patient Lifters	...	...	...	14	9
"Winchester" Electric Hoists	...	...	...	3	3
Lifting Pole and Chains	...	...	...	24	21
"Sleyride" Electric Chairs	...	...	...	8	8
Ripple Beds	...	...	...	56	26
Hospital Beds	...	...	...	111	63
Mattresses	...	...	...	99	55

The co-operation of the General Practitioners, District Nurses, Voluntary Organisations, the Welfare Department and in many cases the Local Housing Authorities is acknowledged.

#### Incontinence Pads.

The Minister of Health, in his Circular 14/63, commended the provision of incontinence pads as part of local health authorities' care and after care arrangements under Section 28 of the National Health Service Act, 1946.

Much use of this Service is now being made and persons being cared for at home are provided with pads, on their doctor's recommendation.

All District Medical Officers of Health were made aware of this provision and were told that where disposal of the soiled pads presented a problem, a supply of suitable waterproofed bags would be provided. District Nurses have also been asked to let me know of any cases, where there is likely to be problems of disposal so that the appropriate District Medical Officer of Health can be told and the special disposal bags issued.

Some 5,000 pads per month are now being issued with the demand likely to increase.



Miss P. J. Pitcairn-Jones, Health Education Officer, reports:—

“1964 will be remembered in **Health Education** as the year of the publication of the Report of the Joint Service Councils Committee, known as the Cohen Report. This Committee, formed in 1959, has been assessing the range and scope of health education in Great Britain as well as the provision of people to specialise in this. The findings have shown how inadequate and patchy is the overall picture of **organised** health education. We have to feel our way, measuring and balancing all the time. That there is need and demand for guidance and pooling of ideas is proved in Hampshire by the calls for policy-making discussions in all educational circles. Schools, Teacher Training Colleges and Industry, and the Church, are all in a state of self-examination, and during this year, the health education section has been involved in study courses with all these groups.

As the Cohen Report suggests, it is evident that there is a need felt for health information which will take some time to answer because we are making the answers together as we co-ordinate our teaching.

Art work takes time and special skill: we have gained an artist at work in a part-time capacity who has proved most sensitive as well as skilled at interpreting the needs peculiar to displaying material of health interest. These displays are made to be used at Health Centres, Clinics, or at public meetings—in fact, to be available for any member of the County Medical staff who wishes to use them.

Making equipment available is a problem of distribution in a wide-spread geographical area. Either equipment has to be based centrally, resulting in limited availability and problems of transportation, or multiplied for local use. The latter has been done with film projectors and we have been very grateful for the co-operation of the Area Nursing Officers in this. The Technical Assistant has held projection classes for interested staff in the areas where projectors are based, and has passed nine health visitors and midwives as efficient to use a projector in their work should they wish to.

The welding together of a working team in the Health Education Section is beginning to prove effective. The job of the Health Education Officer is to collect useful information, plan, co-ordinate, inspire and teach. She is available to all the public anywhere in Hampshire for help in matters of health education. On the clerical side, equal familiarity with material and with the needs of the County staff is essential. The Technical and Art Assistants work closely together and maintain equipment, make and mobilise displays and visual teaching aids.

Talks and demonstrations this year have increased in number and in the wider range of people involved in undertaking this work.

There is still a good deal of overloading “the willing horse.” Nevertheless, more people are undertaking talks to small groups and using some visual aids in the process—and as with any exercise, practice makes proficient, and the speaker less self-conscious. The pattern has been to try out new talks from the Health Education Central Office with the aim of finding an acceptable framework capable of being modified to the needs of any group and the personality of the speaker. The talk then passes into the normal programme and a new series of topical subjects is chosen.

Talks on Venereal Diseases and Coronary Thrombosis were added to the list this year, the total number of talks during the year was 1,802.”

## MENTAL HEALTH SERVICES.

### Community Care.

The number of new patients referred to Mental Welfare Officers during 1964 and the preceding three years are as follows:—

*Number of patients referred to Mental Welfare Officers  
excluding those referred for admission only*

Referred by:—	1961*	1962	1963	1964
Hospital and Out-Patient Departments ...	460	521	638	993
General Practitioners ... ..	523	817	1,486	1,677
Other Sources ... ..	333	541	630	830
Totals ...	1,316	1,879	2,754	3,500

\*The 1961 figures have been adjusted to make them comparable because, in fact, the service was available only from April, 1961.

This further increase of about 750 patients referred to the Mental Welfare Officers during a year shows that general practitioners, hospital specialists and others are relying on them to an even greater extent to give help, advice and support to mentally disordered people and their families; and to carry out their task of co-ordinating the many services, medical and social, which are available for these patients.

It is among the mentally ill that the increase has mainly been and this is borne out by the fact that the case load for these patients has increased from 1,214 (1963) to 1,995 (1964) while the comparable figures for the subnormal have increased from 1,501 to 1,560 only. In my last report I said that a total of 129 active cases for one officer was too great: unfortunately, at the end of 1964 this figure had risen to 160 (90 mentally ill and 70 subnormal patients) but the appointment of additional staff in 1965 will again reduce the figure.

It is one of our aims to encourage informal admissions to hospital when these become necessary rather than resorting to legal Orders. It is, therefore, most gratifying to see that the upward trend shown between 1962 (36%) and 1963 (47%) has been continued in 1964 when over half (53%) of all admissions were arranged informally.

**Voluntary Help** in the mental health field is, of course, one of the most welcome and encouraging features and in my last report I gave a full account of all the valuable work which is undertaken by volunteers. Mention was made of the scheme which the Aldershot and District Branch of the National Society for Mentally Handicapped Children are pioneering and this, in particular, has developed to such an extent as to warrant another reference to it. In 1963 the stage had been reached when children were left with a qualified nurse in one of the children's homes once or twice a week to free the parent. Now, in addition to this scheme which caters for four children, the Branch have opened a Day Care Centre where 17 children under five-years-old attend regularly. Not only are the mothers helped in caring for their children but they meet others with similar problems and have the opportunity to discuss matters among themselves and with the Mental Welfare Officer.

**Public Relations** is an important part of the work and all staff take every opportunity to tell people more about mental handicap. Apart from personal contact, 62 talks were given by staff to various groups of people.

#### Residential Accommodation.

The short-stay hostel for children (Limington House) at Basingstoke which was opened in the summer of 1963 has proved its worth by giving parents a period free from the heavy responsibilities of caring for a mentally handicapped child. In certain instances children have remained in the hostel for some months so that they can have special training which, it is hoped, will enable them to return home and to take their places as members of families. Every effort is being made to ensure that it remains a short-stay hostel but, unfortunately, towards the end of the year a number of children who should have been in hospital had to be admitted until additional hospital accommodation was ready for occupation early in 1965. The numbers of children who completed a stay at the hostel during the year and the length of their stay are shown below:—

Number of children	Length of Stay			
	Up to 1 month	2-3 months	3-6 months	Over 6 months
	64	8	14	14

The hospital waiting list continues to present a most serious picture:—

	Urgent	Less Urgent	Total
31.12.63	22	31	53
31.12.64	32	32	64

This waiting list, however, is not static, for 28 patients have been admitted to hospitals during the year.

One of the Authority's duties which continues without attracting much attention is the Registration of Mental Nursing Homes and of Residential Homes. The number of Homes and the number of beds provided are shown below:—

	Mental Nursing Homes	Residential Homes
Number registered	5	5
Number of beds	190	94

These Homes are all visited twice a year at least, and more frequently if necessary, by Assistant County Medical Officers to ensure that acceptable standards of accommodation, staffing and, so far as the Mental Nursing Homes are concerned, of treatment are being maintained, and that the regulations are not being contravened. The visits are made without notice but with the intention of helping and co-operating with the persons running the home to improve their standards.

#### Training Centres.

The building programme has not got ahead as quickly as I would have liked for various reasons, particularly because of difficulty in finding suitable sites, and as a result only one Centre—the Tankerville Junior Training Centre, Eastleigh—was opened during 1964. However, three more Junior Centres and two Adult Centres are, at the end of the year, in an advanced stage of planning and building will begin in the first half of 1965.

There is, of course, the problem of getting suitable staff for these new Centres and for the increasing number of trainees attending Centres (the numbers on the registers of Centres rose from 578 in December, 1963, to 653 a year later). The Council have for some years been sponsoring four students on the National Association for Mental Health one-year courses for teachers but because of this increase in numbers and the introduction of two-year courses for teachers, consideration will have to be given both to increasing the number of sponsored students and including the two-year courses in the scheme.

I have been particularly pleased with the success of the Trainee Supervisor Scheme. Girls (and, in fact, one boy has also participated) are recruited as school leavers and given 1—2 years preliminary training and experience in the work of Centres. This not only allows a decision to be made as to whether or not they are suited to this work but is also a great advantage to the trainees when they attend one of the national teacher training courses later. Each year more applications are received from suitable and well-qualified girls than can be appointed and this is, I am sure, due very largely to the interest shown in the Centres by the senior girls while still at school.

In 1964, as in previous years, we have been pleased to welcome students on the National Association for Mental Health Teachers' Diploma Course into several of the Centres for their practical teaching experience.

In practice it has been found that far too little has been written in the field of teaching and training the severely subnormal children which meant that there was no convenient handbook available for teachers or parents. The appearance of a book (Teaching the Severely Subnormal) written by Dr. E. B. McDowall, my Principal Medical Officer for Mental Health with the assistance of other members of the staff has been found, at least in Hampshire, to go a long way towards filling the gap.



The three Branches of Hampshire Training Industries (Adult Centres) have continued to develop both their industrial and social training. The availability of work contracts is reasonably satisfactory although there are seasonal variations and it would put the Industries on a firmer footing if there were some regular County Council contracts which were being undertaken. It is, however, very satisfactory to know that firms are no longer treating Branches with an air of charity, but as a sub-contractor who is expected to, and does, fulfil his part of the contract.

## HOME HELP SERVICE.

Miss Hamilton the County Organiser reports:—

“During the year 4,846 cases were assisted, 274 more than in the previous year; of this number 2,581 were new cases, an increase of 12. The rate of expansion in the service is largely determined by the new applications received and assisted; this was lower in the following areas:—

Division	I	Farnborough U.D.
	II	Fareham U.D.
	IV	Romsey M.B. and Romsey & Stockbridge R.D.
	V	Christchurch M.B.
	VII	Basingstoke M.B.
	X	Andover M.B. and R.D., and Kingsclere & Whitchurch R.D.

Delegated areas:	Gosport M.B. and Havant & Waterloo U.D.
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More new cases were helped in the areas listed below, mainly the aged (65 years and over):—

Division	I	Aldershot M.B. (+22)
	IV	Winchester R.D. (S) (+15)
	V	Ringwood & Fordingbridge R.D. (+19)
	VI	Alton U.D. and R.D. (+13)
	VII	Fleet U.D. and Hartley Wintney R.D. (+24)
	VIII	Winchester City (+19)

The 4,846 cases represent:—

Maternity ...	...	...	...	...	15.1%
Emergency Sickness	}	...	...	...	12.0%
Post Hospital					
Child Care					
Special					
Chronic, including Tuberculosis		...	...	...	7.3%
Mentally Disordered ...		...	...	...	.3%
Aged (over 65 years)		...	...	...	65.3%

More applications were received for help in Maternity cases, the most marked increases being in Eastleigh M.B. (+20). In several instances help was requested for patients discharged from hospital after 48 hours.

Again the number of aged persons receiving help accounts for the increase in the weekly case load (+50) and partly for more hours being used (+29,011 or the equivalent of 13.3 whole-time Home Helps). Also this year more Home Helps with 10 years service qualified for the additional three days holiday.

Excluding the delegated divisions 2,877 applications were received and investigated, an increase of 252.

Division			Total Applications Received	Assisted	Not Assisted	Advanced Bookings 31.12.64
I Aldershot, Farnborough	...	...	318	291	20	7
II Fareham	...	...	292	223	47	22
IV Eastleigh, Winchester Rural (S), Romsey, Romsey & Stockbridge	...	...	242	193	40	9
V Christchurch, Lymington, Ringwood & Fordingbridge	...	...	440	281	143	16
VI Petersfield, Alton, Droxford	...	...	347	176	145	26
VII Basingstoke, Hartley Wintney & Fleet	...	...	444	295	130	19
VIII Winchester City, Winchester Rural (N)	...	...	363	244	95	24
X Andover, Kingsclere & Whitchurch	...	...	189	94	85	10
XI New Forest	...	...	242	145	77	20
			<u>2,877</u>	<u>1,942</u>	<u>782</u>	<u>153</u>

Of these applications 63.5% were received direct from the family doctors and 22.1% from Almoners, Health Visitors and District Nurses/Midwives.

As the calls on the Service increase the administration becomes more and more difficult, and experience shows that owing to traffic and other problems it takes far longer to investigate and arrange help. This means that less time has been spent on supervision which is so important if an economical service is to be given. A proportion of the Home Helps are over 50 years; these Home Helps who have been employed for many years have been the backbone in building up the Service to the high standard it now holds. But it must be remembered that they themselves are ageing and cannot be expected to work at the same pressure as in former years. The speed of present day life is also affecting them, journeying from house to house can be very frustrating, wearying and time consuming. The Service owes a great deal to these older Home Helps and now consideration should be shown to them in the allocation of their work so that they are not overstrained. It is encouraging to find that younger women are coming forward but their outlook is different and they require careful handling if their services are to be retained. The Home Help Service has to compete with Industry which now offers attractive part-time employment to women on their own terms. Fortunately the type of accommodation now allocated to retired people eases the burden of caring for them, and in addition to less help being necessary fewer hours are spent in travelling when they live in groups. But even here there are problems of temperament which have to be taken into consideration when allocating help and often take time to sort out.

At the end of the year there were 825 Home Helps on the register, the equivalent of 390 whole-time Home Helps.

The Good Neighbour Scheme which was introduced at the beginning of the year is proving to be invaluable, especially in the rural areas where transport presents difficulties or where there are recruiting problems. In comparison with the provision of Home Helps the cost is low, there are no travelling expenses or hours wasted travelling long distances. Also the service given to the patient can be more beneficial, the "Good Neighbour" is able to give more personal attention, pay more daily visits and generally care for the patient, covering the greater part of the day which would usually be impossible for a Home Help to do. It is an example of how statutory and voluntary work can be linked together, and by introducing the official side it does ensure proper supervision and adequate assistance being provided. During the year 40 Good Neighbours were employed. Nearly all the householders helped were in the aged category and lived alone. Several were quite incapacitated where frequent visits must have been very much appreciated. The following areas had "Good Neighbour" cases:—

Division IV	Winchester R.D. (S)	...	...	...	...	1
V	Christchurch M.B.	...	...	...	...	2
	Lymington M.B.	...	...	...	...	2
VI	Alton U.D. and R.D.	...	...	...	...	4
	Droxford R.D.	...	...	...	...	2
	Petersfield U.D. and R.D.	...	...	...	...	11
VII	Hartley Wintney R.D. and Fleet U.D.	...	...	...	...	5
VIII	Winchester City	...	...	...	...	2
	Winchester R.D. (N)	...	...	...	...	1
X	Andover R.D.	...	...	...	...	5
	Kingsclere & Whitchurch R.D.	...	...	...	...	2
XI	New Forest R.D.	...	...	...	...	1 "

### OTHER ENACTMENTS.

#### Prevalence and Control over Infectious Disease.

The following table summarises the corrected quarterly returns of notifications received during the year and compares the incidence in 1964 in Urban and Rural Districts with that in 1963:—

	Rural Districts		Urban Districts		Total Notifications		Number per 100,000	
	1964	1963	1964	1963	1964	1963	1964	1963
Scarlet Fever ... ..	52	45	79	80	131	125	15.3	15.2
Diphtheria ... ..	—	—	—	—	—	—	—	—
Enteric and Paratyphoid ...	5	4	1	1	6	5	0.7	0.6
Pneumonia ... ..	34	57	24	80	58	137	6.8	16.6
Puerperal Pyrexia ... ..	18	32	26	55	44	87	5.1	10.6
Meningococcal Infection ...	2	—	5	9	7	9	0.8	1.1
Acute Poliomyelitis ... ..	2	—	1	—	3	—	0.4	—
Acute Encephalitis ... ..	5	—	2	1	7	1	0.8	0.1
Dysentery ... ..	119	130	46	131	165	261	19.3	31.7
Ophthalmia Neonatorum ...	1	1	4	3	5	4	0.6	0.5
Erysipelas ... ..	3	10	15	19	18	29	2.1	3.5
Pulmonary Tuberculosis ...	88	115	118	163	206	278	24.1	33.8
Other Tuberculosis ... ..	12	13	24	12	36	25	4.2	3.0
Malaria ... ..	4	5	2	2	6	7	0.7	0.9
Measles ... ..	1,952	5,269	2,589	8,438	4,541	13,707	531.2	166.6
Whooping Cough ... ..	192	101	226	285	418	386	48.9	46.9
Food Poisoning ... ..	24	27	42	25	66	52	7.7	6.3

**Venereal Diseases.**

In previous reports I have expressed my concern at the increase in venereal diseases, and particularly the increase in the 18—19 year age group. In commenting upon the 1964 figures, Dr. Warren, Director of the V.D. Services for the area says:—

“The figures for new patients continue to rise and in 1964 exceeded 5,000, reflecting the national and international trend. It would seem that there is an increasing readiness on the part of the public to avail themselves of the services offered at the Special Clinics and this may be as a result of publicity which is being energetically developed in Hampshire. There are a number of agencies interested in this work and a dovetailing of their combined efforts should be encouraged. Efficient and improving methods of diagnosis and treatment do not seem sufficient to stem the rising tide and so social and educational measures must be pursued with vigour.

**Syphilis.**

There has been a sharp rise in the cases of early infectious syphilis due to the numbers reporting in Southampton—30 cases seen there in 1964, compared with six in 1963. All of the 23 males were infected outside the locality.

All seven females were infected locally, of these three were diagnosed ante-natally. This is a reminder of the importance of continued routine ante-natal blood testing.

**Gonorrhoea.**

Nine-hundred-and-sixty-eight new cases reported at the Wessex clinics in 1964. Of this total, 146 were in the 15—19 year bracket, 74 males and 72 females.

**Other Conditions.**

Under this heading the greatest increase has been noted. No fewer than 4,292 patients attended for advice and treatment if required. Although mostly minor forms of illness are dealt with, more serious conditions are encountered which may result in much suffering and incapacity. It is therefore wise policy to encourage early attendance for advice as a useful form of preventive medicine.

New developments in advertising the places and times of treatment are under review and by next year should be in operation.”

**Statistics relating to Venereal Diseases in the Area served.**

(a) Wessex Clinics			New Patients				Attendances			
			1961	1962	1963	1964	1961	1962	1963	1964
Southampton	...	...	1,916	1,894	2,130	2,339	7,569	8,407	7,952	7,972
Portsmouth	...	...	871	871	970	1,032	4,591	4,404	4,970	4,886
Winchester	...	...	163	139	160	176	444	425	399	436
Bournemouth	...	...	332	331	413	476	1,509	1,326	1,419	1,941
Poole	...	...	134	126	110	134	695	676	688	802
Weymouth	...	...	84	70	74	99	428	332	413	374
West Dorset	...	...	16	24	21	22	124	120	83	114
Isle of Wight	...	...	80	73	105	120	376	350	463	514
Salisbury	...	...	71	84	136	144	124	310	643	612
TOTAL			3,667	3,612	4,119	4,542	15,960	16,350	17,030	17,651
(b) Adjoining S.W. Met. R.H.B. Area Clinics										
Aldershot	...	...	235	259	258	303	1,038	1,082	1,068	930
Chichester	...	...	57	67	93	123	318	291	522	575
Guildford	...	...	255	320	336	401	1,461	1,463	1,697	1,912
TOTAL			547	646	687	827	2,817	2,836	3,287	3,417
GRAND TOTAL			4,214	4,258	4,806	5,369	18,777	19,186	20,317	21,060

**NURSING HOMES.**

Number open at end of year		Beds			Closed	Opened
		Total	Maternity	Others		
1961	39	612	30	582	1	4
1962	37	566	15	551	3	1
1963	37	625	12	613	3	3
1964	38	610	34	576	2	3



**NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.**

The following table shows the number of private day nurseries and child minders on the register at the end of 1954, 1963 and 1964. These figures show the remarkable increase recently in the establishment of such nurseries. Usually it is found these take the form of pre-school playgroups. All new applications are carefully investigated by my staff before registration is recommended to ensure that reasonable standards are maintained for the care of the children received. All these nurseries are inspected frequently by my Health Visitors.

**Number on Register at end of year.**

	1954	1963	1964
(a) Premises ... ..	8	35	60
Number of places ... ..	326	969	1,486
(b) Child Minders ... ..	20	91	114

**BLIND PERSONS.**

During 1964, 91 males and 158 females were certified as blind—a total of 249 against 226 in 1963 and 211 in 1962. Of these 12 males and 11 females were under 60 years of age (i.e., born in 1905 or later) when certified, which were 9.2% of the total notifications. The year of birth and cause of blindness in these cases were as follows:—

<i>Male</i>	<i>Female</i>
1905 Retinitis Pigmentosa/Cataracts	1905 Retinitis Pigmentosa
1906 High Myopia/Retinal Detachment	1905 Senile Cataracts
1906 Retinitis Pigmentosa/Posterior Polar Cataracts	1906 Bilateral Myopic Degeneration
1910 Uveitis	1920 Iridocyclitis and Cataracts
1910 Thrombosis Central Retinal Veins and Glaucoma	1921 Luetic Choroidal Degeneration/Lens Opacity
1915 Myopia and Lens Opacities	1921 Macular Degeneration
1922 Diabetic Retinopathy	1922 Myopia
1930 Optic Atrophy	1929 Keratitis
1932 Congenital Nystagmus and Congenital Cataracts	1938 Diabetic Retinopathy
1952 Bilateral Amridia and Congenital Cataracts/Glaucoma and Retinal Detachment	1943 Retinitis Pigmentosa
1962 Congenital Optic Atrophy	1961 Optic Atrophy
1963 Macular Hypoplasia and Aphakia/Cataract	



The follow-up of persons registered as blind is carried out by the Hampshire Association for the Care of the Blind. The following shows the numbers of persons registered during 1964, the treatment recommended, if any, and the treatment up to the time this Report was prepared:—

(1)	CAUSE OF DISABILITY											
	(2) Cataract		(3) Cataract associated with other causes		(4) Glaucoma		(5) Glaucoma associated with other causes*		(6) Diabetes		(7) Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. Number of cases registered ... ..	12	25	23	44	7	8	6	4	3	7	37	73
2. Number requiring no treatment ... ..	4	13	13	21	—	2	—	2	—	3	23	47
3. Number requiring treatment (Medical, Surgical or Optical) ... ..	8	12	10	23	7	6	6	2	3	4	14	26
4. Number who had received, or were having treatment at time of follow-up	3	5	9	17	7	6	6	1	3	4	11	24

\* Excluding cataracts which are included in column 3.

N.B.—Of those recommended treatment who have not received it:—

- 12 Surgery not undertaken
- 6 Died
- 5 Waiting for treatment

## LOCAL HEALTH AUTHORITY SERVICES

### Statistics for 1964

Ante-Natal Clinics and Relaxation Classes

Child Welfare Centres

Day Nurseries

Priority Dental Services

Care of Premature Babies

National Welfare Foods

Work of Health Visitors

Nursing and Midwifery Service

Nursing Staff

Vaccination and Immunisation

Ambulance and Hospital Car Service

Tuberculosis Services

Home Help Service

Notification of Infectious Diseases

Deaths, 1964

# LOCAL HEALTH AUTHORITY SERVICES

## Statistics for 1964

### ANTE-NATAL CLINICS AND RELAXATION CLASSES.

<i>Ante-Natal Clinics</i>					<i>Relaxation Classes</i>
<i>No. of Women who Attended</i>		<i>No. of Sessions held by</i>			
<i>For Ante-Natal Examination</i>	<i>For Post-Natal Examination</i>	<i>L.H.A.</i>		<i>G.P.'s Employed on Sessional Basis</i>	<i>No. of Women who Attended</i>
		<i>M.O.'s</i>	<i>Midwives</i>		
1,099 (3,313)	42 (511)	— (16)	277 (233)	85 (367)	2,555 (2,118)

### CHILD WELFARE CLINICS.

<i>Year</i>	<i>L.H.A. Clinics</i>		<i>At G.P. Surgery with H.C.C. H.V. Attending</i>		<i>Percentage of Children Born during Year who Attended</i>		
	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>L.H.A. Clinic</i>	<i>G.P. Surgery Clinic</i>	<i>Total</i>
1963	495	27,956	72	1,275	64	8	72
1964	520	30,357	98	4,512	67	11	78

### DAY NURSERIES.

<i>Year</i>	<i>Number of Nurseries</i>	<i>Number of Approved Places</i>	<i>Average Daily Attendance during Year</i>
1963	2	100	82
1964	2	100	86

### PRIORITY DENTAL SERVICES.

#### A. Numbers Provided with Dental Care.

	<i>No. of Persons Examined</i>	<i>No. of Persons Commenced Treatment</i>	<i>No. of Courses Treatment</i>
Expectant and Nursing Mothers ...	234 (212)	200 (194)	218 (201)
Children under five ... ..	3,441 (2,920)	1,873 (1,661)	1,976 (1,746)

#### B. Forms of Treatment Provided.

	<i>Expectant and Nursing Mothers</i>	<i>Children Under Five</i>
Extractions ... ..	205 (183)	1,136 (1,329)
Anaesthetic (General) ... ..	34 (27)	582 (582)
Fillings ... ..	282 (235)	2,744 (2,278)
Scalings or Scaling and Gum Treatment ...	123 (70)	355 (156)
Silver Nitrate Treatment ... ..	10 (17)	861 (1,253)
Radiographs ... ..	8 (15)	10 (26)
Dentures provided:—		
Full upper or full lower ... ..	32 (20)	— (—)
Partial upper or partial lower ... ..	38 (16)	— (—)
Crowns and inlays ... ..	— (1)	— (—)
Attendances for treatment ... ..	527 (442)	3,724 (2,970)

#### C. Number of Sessions devoted to Maternity and Child Welfare Dental Inspections and Treatment: 737 (626).

# CARE OF PREMATURE BABIES.

<i>Weight at Birth</i>	<i>No. Born Alive</i>	<i>Died in First 24 Hours</i>	<i>Died in 1-27 Days</i>	<i>Percentage Surviving Neo-Natal Period</i>		
2 lb. 3 oz. or less	46	32	9	1964 11	1963 17	1962 36
Over 2 lb. 3 oz.	76	26	15	46	49	83
Over 3 lb. 4 oz.	177	16	16	82	86	96
Over 4 lb. 6 oz.	203	6	9	93	93	95
Over 4 lb. 15 oz.	476	7	7	97	96	87
Total ...	978	87	56	85	85	87

Premature Live Births expressed as percentage of all Live Births ... 1962 5.59% 1963 5.29% 1964 5.61%

# DISTRIBUTION OF NATIONAL WELFARE FOODS.

<i>Distribution Centres.</i>				1963	1964
Child Welfare Centres	...	...	...	144	152
W.V.S. Centres, Shops, etc.	...	...	...	171	175
				315	327
<i>Issues.</i>					
National Dried Milk (tins)	...	...	...	146,069	139,613
Cod Liver Oil (bottles)	...	...	...	16,478	15,228
Vitamin A and D Tablets	...	...	...	22,079	20,970
Orange Juice (bottles)	...	...	...	199,230	224,191

# WORK OF HEALTH VISITORS.

		<i>Cases Visited</i>	<i>Total Visits</i>
1	Children aged up to five years ...	58,531 (54,661)	149,644 (170,243)
2	Persons aged 65 or over ...	2,048 (1,655)	6,792 (5,546)
3	Number included in line 2 who were visited at the special request of a G.P. or hospital ...	1,134 (931)	—
4	Mentally disordered persons ...	355 (352)	1,055 (1,070)
5	Number included in line 4 who were visited at the special request of a G.P. or hospital ...	175 (257)	—
6	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	494 (351)	666 (476)
7	Number included in line 6 who were visited at the special request of a G.P. or hospital ...	278 (226)	—
8	Number of tuberculosis households visited ...	1,455 (1,455)	2,921 (3,172)
9	Number of households visited on account of other infectious diseases ...	220 (342)	353 (578)

# WORK OF DISTRICT MIDWIVES.

<i>Year</i>	<i>Domiciliary Confinements Attended</i>			<i>No. of cases delivered in hospitals, etc., but discharged to care of District Midwives before tenth day</i>
	<i>Doctor not Booked</i>	<i>Doctor Booked</i>	<i>Total</i>	
1962	36	4,543	4,579	2,351
1963	110	4,356	4,466	3,081
1964	90	4,336	4,426	3,737



**NURSING MIDWIFERY AND HEALTH VISITING SERVICE.**

Staff Employed at 31st December, 1964 (position at 31.12.63 shown in brackets).

	<i>Whole-time</i>	<i>Part-time</i>	<i>Whole-time Equivalent of Part-time</i>
Health Visitor/School Nurses ...	105 (102)	5 (3)	2.97 (1.91)
School Nurses ... ..	— (—)	6 (4)	4.08 (3.08)
District Nurse/Midwife/Health Visitors ... ..	21 (19)	— (—)	— (—)
District Midwives ... ..	26 (27)	6 (1)	2.90 (0.64)
District Nurse/Midwives ...	116 (107)	8 (9)	4.55 (4.23)
District Nurses ... ..	39 (38)	19 (17)	8.20 (7.68)
Clinic Nurses ... ..	— (—)	4 (5)	1.55 (1.24)
Total ...	307 (293)	48 (39)	24.25 (18.78)

**Administrative Staff.**

County Nursing Officer ... ..	1 (1)
Deputy County Nursing Officer ...	1 (—)
Area Nursing Officers ... ..	5 (5)
Hospital Liaison Officer ... ..	1 (1)

**WORK OF DISTRICT NURSES.**

<i>Year</i>	<i>No. of Persons Nursed during Year</i>	<i>Persons Nursed who were aged :—</i>			
		<i>Under Five Years</i>		<i>65 Years and Over</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1963	13,949	568	4	8,629	62
1964	14,739	441	3	7,634	52

**VACCINATION AND IMMUNISATION.**

**Smallpox Vaccination.**

<i>Year</i>	<i>Vaccination</i>						<i>Re-Vaccination</i>				<i>Grand Total</i>
	<i>Under 1 Year</i>	<i>1 Year</i>	<i>2-4 Years</i>	<i>5-14 Years</i>	<i>15+</i>	<i>Total</i>	<i>2-4 Years</i>	<i>5-14 Years</i>	<i>15+</i>	<i>Total</i>	
1962	9,118	2,855	3,212	11,634	16,110	49,929	2,670	18,685	45,865	67,220	110,149
1963	2,304	2,260	330	343	635	5,872	302	948	3,215	4,465	10,337
1964	2,040	6,880	814	257	604	10,595	464	1,108	3,403	4,975	15,570

**Whooping Cough.**

<i>Year</i>	<i>Number of children who completed full course of Primary Immunisation</i>			<i>Number of Secondary or Booster Injections given</i>
	<i>Under 5 Years</i>	<i>5-15 Years</i>	<i>Total</i>	
1963	13,280	268	13,548	6,308*
1964	14,674	275	14,949	8,601†

\* Only 25 primary and 1 booster were given by single whooping cough vaccine.

† Only 2 primary and 1 booster were given by single whooping cough vaccine.

### Diphtheria Immunisation.

Year	Number of children who completed full course of Primary Immunisation			Number of Secondary or Booster Injections given
	Under 5 Years	5-15 Years	Total	
1963	13,445	642	14,087 (51) (a) (13,472) (b) (390) (c)	12,272 (118) (a) (6,189) (b) (4,032) (c)
1964	14,870	671	15,541 (21) (a) (14,926) (b) (477) (c)	17,140 (93) (a) (8,508) (b) (6,729) (c)

(a) Combined Diphtheria/Pertussis immunisation.

(b) Triple immunisation—Diphtheria/Pertussis/Tetanus.

(c) Combined Diphtheria/Tetanus immunisation.

### Diphtheria, Whooping Cough and Tetanus Immunisation.

	Primary Injections						Total number of Re-inforcing Injections	
	Under 5		5-15 Years		Total		1963	1964
	1963	1964	1963	1964	1963	1964		
Diphtheria only ... ..	48	27	126	90	174	117	1,933	1,810
Whooping Cough only ...	25	2	—	—	25	2	1	—
Diphtheria/Whooping Cough	43	21	8	—	51	21	118	93
Diphtheria/Tetanus ...	142	171	248	306	390	477	4,032	6,729
Diphtheria/Whooping Cough /Tetanus ... ..	13,212	14,651	260	275	13,472	14,926	6,189	8,508
Total Diphtheria ...	13,445	14,870	642	671	14,087	15,541	12,272	17,140
Total Whooping Cough	13,280	14,674	268	275	13,548	14,949	6,308	8,601
Total Tetanus ...	13,354	14,822	508	581	13,862	15,403	10,221	15,237

### Poliomyelitis Vaccination.

Age Groups	Total at 31.12.63	Vaccinated during 1964	Total at 31.12.64	Acceptance Rate
Born 1964 ... ..	—	2,329	2,329	—
Born 1963 ... ..	1,688	9,975	11,663	71%
Born 1962 ... ..	9,681 (acceptance rate: 62.4%)	2,116	11,797	76%
Born 1943-1961 ... ..	196,519	2,413	198,932	—
Born 1933-1942 ... ..	73,553	483	74,036	—
Adults born before 1933 but not yet 40 years and others at special risk ...	42,184	513	42,697	—
Total—All Groups ...	323,625	17,829	341,454	—
Re-inforcing Doses:				
Third—All Groups ... ..	284,640	1,436	286,076	
Fourth (school children under 12 years) ... ..	65,839	10,304	76,143	

### AMBULANCE SERVICE.

Year	Ambulance Service		Hospital Car Service		Totals		Rail Transport	
	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients
1963	1,228,268	154,432	1,575,998	148,593	2,804,266	303,025	67,352	948
1964	1,188,259	137,678	1,874,184	188,905	3,062,443	326,583	67,159	921

Classification of patients carried by Ambulance Service vehicles.

Year	Road Accidents	Other Accidents	Sudden Illness	Maternity	Mental	Infectious	Other Cases
1963	3,308	2,443	5,004	3,392	586	271	139,428
1964	3,693	2,492	5,873	3,442	547	209	121,500

**TUBERCULOSIS—STATISTICS.**

The death rate from pulmonary tuberculosis per 1,000 population was 0.030 compared with 0.036 in 1963. The death rate from non-pulmonary tuberculosis was 0.007 compared with 0.009 in 1963.

The total deaths from tuberculosis (pulmonary 26 and non-pulmonary 6) are distributed as follows:—

	Urban				Rural				Total			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1964	9	3	3	2	11	3	—	1	20	6	3	3

**Deaths from Pulmonary Tuberculosis.**

Year	Population		Number		Rate per 100,000 Population	
	U.D.	R.D.	U.D.	R.D.	U.D.	R.D.
1962	481,310	320,430	14	9	2.9	2.8
1963	495,040	327,790	25	5	5.05	1.5
1964	516,830	337,960	12	14	2.3	4.1

**Notifications.**

Year	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
1964	109	69	11	11	200

Incidence per 100,000 population: 1964—Pulmonary 20.8; Non-pulmonary 2.5.

1963—Pulmonary 30.3; Non-pulmonary 2.5.

1962—Pulmonary 23.9; Non-pulmonary 3.7.

Chest Clinic Returns for Hampshire including Gosport and Havant:—

- (1) Number of cases of tuberculosis (whether notified or not) on the Register as being under treatment or supervision at 31st December, 1964:—

Men	Respiratory			Men	Non-Respiratory		
	Women	Children	Total		Women	Children	Total
2,260	1,621	109	3,990	84	118	31	233

- (2) Number of cases (whether notified or not) added to the Register during the year ended 31st December, who had radiological evidence of respiratory tuberculosis:—

	Not Bacteriologically Confirmed				Bacteriologically Confirmed			
	Men	Women	Children	Total	Men	Women	Children	Total
Group I	59	45	23	127	17	11	—	28
Group II	9	11	—	20	29	13	—	42
Group III	2	3	—	5	7	5	—	12

The three groups are estimated as follows from the standard P.A. Film:—

Group I —Total area of disease not exceeding  $\frac{1}{3}$  of one lung in aggregate.

Group II —Total area of disease not exceeding  $\frac{2}{3}$  of one lung in aggregate.

Group III—Total area of disease exceeding  $\frac{2}{3}$  of one lung in aggregate (including miliary disease).

Tuberculosis pleural effusions, pleural thickening without obvious lung involvement and enlarged hilar lymph glands are placed in Group I.

- (3) Number of cases of non-respiratory tuberculosis (whether notified or not) added to the Clinic Register.

Men	Women	Children	Total
11	9	4	24

- (4) Number of cases included in (1) whose broncho-pulmonary secretion was positive during the year—109.



HOME HELP SERVICE—CASES ASSISTED 1964

Division	SHORT-TERM				Mentally Disordered	Special	LONG-TERM			Total 1964	Total 1963
	Maternity	Emergency Sickness	Post Hospital	Child Care			Chronic Sick	Tuberculosis	Aged Sick and Infirm (65 years and over)		
I Aldershot M.B. ... ..	64	61	25	18	2	—	25	—	317	512	483
Farnborough U.D. ... ..	92	21	16	4	1	—	29	—	269	432	442
II Fareham U.D. ... ..											
IV Eastleigh M.B. ... ..	70	12	12	5	2	1	34	—	296	432	391
Winchester R.D. (part of) ... ..											
Romsey M.B. ... ..											
Romsey and Stockbridge R.D. ... ..											
V Christchurch M.B. ... ..	35	17	38	7	2	1	24	2	381	507	460
Lymington M.B. ... ..											
Ringwood and Fordingbridge R.D. ... ..											
VI Alton U.D. and R.D. ... ..	40	10	13	2	—	3	15	1	261	345	311
Petersfield U.D. and R.D. ... ..											
Droxford R.D. ... ..											
VII Basingstoke M.B. and R.D. ... ..	112	33	24	1	—	3	39	2	348	562	512
Fleet U.D. ... ..											
Hartley Wintney R.D. ... ..											
VIII Winchester City ... ..	77	34	24	4	2	—	14	1	275	431	393
Winchester R.D. (part of) ... ..											
X Andover M.B. and R.D. ... ..	21	23	—	1	—	—	10	—	140	195	213
Kingsclere and Whitchurch R.D. ... ..											
XI New Forest R.D. ... ..	52	11	9	10	1	—	15	—	170	268	252
SUB-TOTAL ... ..	563 (527)	222 (233)	161 (139)	52 (55)	10 (12)	8 (12)	205 (195)	6 (11)	2,457 (2,273)	3,684	3,457
			435					211			
III Gosport M.B. ... ..	66		75		1	—		97	354	593	580
IX Havant and Waterloo U.D. ... ..	106		62		3	—		44	354	569	535
TOTAL 1964 ... ..	735		572		14	8		352	3,165	4,846	
TOTAL 1963 ... ..	710		579		13	12		349	2,909		4,572



NOTIFICATIONS OF INFECTIOUS DISEASE, 1964

BOROUGH AND URBAN DISTRICTS

District		Estimated Population for mid-1964	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1964																				Malaria			TOTAL CASES		
			Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Polio- myelitis		Tb.		Diphtheria (includ- ing membranous croup)	Small Pox	Tb. Other Forms	Meningococcal infection	Acute Enceph- alitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Acute Pneumonia Primary (or influenzal)	Paratyphoid Fever	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Poisoning (ex- Dysentery, Typhoid and Paratyphoid Fevers)	Erysipelas	Chicken Pox	Believed to be contra'd in this country		Believed to be contra'd abroad	Induced in Institutions
						Paralytic	Non- Paralytic	Respiratory	Meninges & C.N.S.																			
Aldershot	...	33,690	5	14	118	—	—	9	—	—	—	1	2	—	2	—	—	1	—	—	—	—	1	—	—	—	—	153
Alton	...	9,600	—	3	188	—	—	1	—	—	—	1	—	—	5	—	4	—	—	—	—	—	1	—	—	1	—	204
Andover	...	18,900	3	11	90	—	—	7	1	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	115
Basingstoke	...	30,360	3	4	131	—	—	14	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	—	—	—	—	156
Christchurch	...	28,000	9	14	136	—	—	2	—	—	—	2	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	166
Eastleigh	...	39,970	—	11	347	—	—	7	—	—	—	—	—	—	—	—	11	1	1	—	—	—	—	—	—	—	—	377
Fareham	...	68,690	14	19	237	—	—	19	—	—	—	—	—	—	11	1	1	3	—	—	—	2	2	—	—	—	—	309
Farnborough	...	37,190	8	14	38	—	—	8	—	—	—	1	1	—	12	—	—	—	—	—	—	30	—	—	—	—	—	112
Fleet	...	16,580	6	12	96	—	—	—	—	—	—	—	1	—	—	—	—	1	3	—	—	—	1	—	—	—	—	120
Gosport	...	72,240	13	18	557	—	1	23	—	—	—	3	1	2	3	1	2	7	1	—	—	1	3	—	—	1	—	637
Havant and Waterloo	...	86,040	14	87	407	—	—	10	—	—	—	2	—	—	5	1	4	5	—	—	—	1	2	—	—	—	—	538
Lymington	...	30,610	1	9	99	—	—	1	—	—	—	—	—	—	—	—	1	2	—	—	—	1	1	—	—	—	—	115
Petersfield	...	8,140	2	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19
Romsey	...	6,510	—	—	70	—	—	1	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	75
Winchester	...	30,310	1	5	63	—	—	16	7	—	—	1	—	—	7	—	—	—	—	—	—	7	1	—	—	—	—	108
TOTAL URBAN	...	516,830	79	226	2,589	—	1	118	10	—	—	14	5	2	46	4	26	24	1	—	—	42	15	—	—	2	—	3,204
ADMINISTRATIVE COUNTY		854,790	131	418	4,541	—	3	206	11	—	—	25	7	4	3	165	5	44	58	6	—	66	18	—	—	6	—	5,717

# NOTIFICATIONS OF INFECTIOUS DISEASE, 1964

## RURAL DISTRICTS

District		Estimated Population for mid-1964	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1964																					TOTAL CASES				
			Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tb.		Diphtheria (including membranous group)	Small Pox	Tb. Other Forms	Meningococcal infection	Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Acute Pneumonia Primary (or Influenza)	Paratyphoid Fever	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Poisoning (ex. Dysentery, Typhoid and Paratyphoid Fevers)	Erysipelas		Chicken Pox	Believed to be contracted in this country	Believed to be contracted abroad	Malaria Induced in Institutions
Alton	...	26,260	5	15	284	—	—	4	—	—	1	—	—	—	26	—	—	—	—	—	3	—	—	—	—	—	—	338
Andover	...	20,020	2	9	210	—	—	3	—	—	—	1	—	1	2	—	—	—	2	—	—	—	—	—	—	—	4	234
Basingstoke	...	20,380	2	8	92	—	—	14	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	119
Droxford	...	24,140	3	20	31	—	—	6	—	—	1	—	—	—	27	—	—	—	—	—	—	—	1	—	—	—	—	89
Hartley Wintney	...	29,210	5	5	59	—	—	5	—	—	1	—	—	—	8	—	2	2	—	—	1	—	—	—	—	—	—	88
Kingsclere and Whitchurch	...	25,230	1	11	71	—	—	10	—	—	1	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	—	98
New Forest	...	63,770	15	55	618	—	—	19	—	—	5	1	1	2	23	1	11	7	5	—	7	—	—	—	—	—	—	770
Petersfield	...	26,080	2	33	80	—	1	8	—	—	—	—	—	—	5	—	1	1	—	—	—	—	—	—	—	—	—	131
Ringwood and Fordingbridge	...	28,850	4	26	142	—	—	2	1	—	—	—	—	—	7	—	1	18	—	—	—	2	—	—	—	—	—	203
Romsey and Stockbridge	...	23,130	4	1	96	—	—	4	—	—	—	—	—	—	4	—	2	2	—	—	—	—	—	—	—	—	—	113
Winchester	...	50,890	9	9	269	—	1	13	—	—	1	—	1	—	14	—	1	—	—	—	12	—	—	—	—	—	—	330
TOTAL RURAL	...	337,960	52	192	1,952	—	2	88	1	—	11	2	2	3	119	1	18	34	5	—	24	3	—	—	—	4	—	2,513

## DEATHS — 1964

1. Causes.	Male	Female	Total
1. Tuberculosis, respiratory ... ..	20	6	26
2. Tuberculosis, other ... ..	3	3	6
3. Syphilitic disease ... ..	6	5	11
4. Diphtheria ... ..	—	—	—
5. Whooping Cough ... ..	—	1	1
6. Meningococcal infections ... ..	—	—	—
7. Acute Poliomyelitis ... ..	—	—	—
8. Measles ... ..	—	3	3
9. Other infective and parasitic diseases ... ..	14	4	18
10. Malignant neoplasm, stomach ... ..	103	73	176
11. Malignant neoplasm, lung bronchus ... ..	306	63	369
12. Malignant neoplasm, breast ... ..	1	196	197
13. Malignant neoplasm, uterus ... ..	—	69	69
14. Other malignant and lymphatic neoplasms ... ..	442	391	833
15. Leukaemia and Aleukaemia ... ..	28	16	44
16. Diabetes ... ..	27	35	62
17. Vascular lesions of the nervous system ... ..	515	725	1,240
18. Coronary disease, angina ... ..	1,081	659	1,740
19. Hypertension with heart disease ... ..	71	99	170
20. Other heart disease ... ..	397	640	1,037
21. Other circulatory disease ... ..	156	199	355
22. Influenza ... ..	4	4	8
23. Pneumonia ... ..	210	247	457
24. Bronchitis ... ..	252	84	336
25. Other disease of the respiratory system ... ..	39	24	63
26. Ulcer of stomach and duodenum ... ..	32	15	47
27. Gastritis, enteritis and diarrhoea ... ..	22	33	55
28. Nephritis and nephrosis ... ..	24	18	42
29. Hyperplasia of prostate ... ..	38	—	38
30. Pregnancy, childbirth and abortion ... ..	—	5	5
31. Congenital Malformations ... ..	52	44	96
32. Other defined and ill-defined diseases ... ..	378	413	791
33. Motor vehicle accidents ... ..	131	24	155
34. All other accidents ... ..	79	80	159
35. Suicide ... ..	43	34	77
36. Homicide and operations of war ... ..	—	4	4
Total all causes ... ..	4,474	4,216	8,690

### 2. Age Groups.

#### Deaths from all Causes in Age Groups

Age Groups	Males				Females				Total Deaths			
	1964	1963	1962	1961	1964	1963	1962	1961	1964	1963	1962	1961
0—	190	176	161	161	137	135	135	114	327	311	296	275
1—	32	28	24	26	22	21	25	32	54	49	49	58
5—	29	31	24	31	24	21	25	12	53	52	49	43
15—	77	76	64	67	25	20	22	25	102	96	86	92
25—	155	144	158	161	126	147	120	129	281	291	278	290
45—	1,127	1,153	1,059	1,037	635	675	660	603	1,762	1,828	1,719	1,640
65—	1,207	1,278	1,192	1,176	946	990	925	966	2,153	2,268	2,117	2,142
75—	1,657	1,840	1,739	1,612	2,301	2,566	2,387	2,409	3,958	4,406	4,126	4,021
Total	4,474	4,726	4,421	4,271	4,216	4,575	4,299	4,290	8,690	9,301	8,720	8,561

#### Malignant Neoplasm Lung Bronchus DEATHS 1957-1964 — in all groups

Age	1957		1958		1959		1960		1961		1962		1963		1964	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
15—24	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—44	9	4	4	1	10	3	8	3	5	2	11	3	5	1	9	4
45—64	114	19	131	23	123	23	130	18	148	22	142	32	135	28	134	25
65—74	75	12	85	6	87	12	102	18	118	17	97	8	102	20	118	17
75+	21	6	32	3	27	5	37	11	38	10	33	12	45	11	45	17
Total	221	41	252	33	247	43	277	50	309	51	283	55	287	60	306	63
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>262</span> <span>285</span> <span>290</span> <span>327</span> <span>360</span> <span>338</span> <span>347</span> <span>369</span> </div>																



## THE SCHOOL HEALTH SERVICE

There was no major change in the administration or scope of the School Health Service in 1964.

The existing method of selective medical examination was introduced in 1959, and after five years it is still proving a workable and effective procedure. I believe that if it were failing to reveal defects on any significant scale there would be clear evidence by now: despite a critical watchfulness there has been no such evidence.

As in previous years I have to report that certain of the health services for school children are seriously limited by our inability to obtain suitable professional staff: this applies particularly to the school eye clinics, speech therapy and child guidance.

On the other hand I am happy to say that the problem of securing school dental staff, for many years so difficult, has now eased and the dental staffing in Hampshire is fairly satisfactory. This improved staffing in the dental service permitted an increase in the number of children receiving a second examination in the year, and also a further emphasis upon dental health education—both valuable contributions towards the prevention of dental decay.

Two important extensions to the services for children with hearing defects were the opening of a third Unit for Partially Hearing children in the Wallisdean Junior School, Fareham; and the commencement, towards the end of the year, of two more audiology clinics, at Winchester and Basingstoke, under the clinical leadership of Mr. Remington-Hobbs, F.R.C.S.

It is a pleasure once again to express my thanks to my colleagues in the Education Department, and in particular to the Head Teachers in the schools, for their courtesy and co-operation.

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 1  
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1960 and later	27	27	100.0	—	—
1959	2,843	2,835	99.7	8	0.3
1958	8,606	8,587	99.8	19	0.2
1957	1,552	1,549	99.8	3	0.2
1956	593	592	99.8	1	0.2
1955	361	360	99.7	1	0.3
1954	269	269	100.0	—	—
1953	250	250	100.0	—	—
1952	345	345	100.0	—	—
1951	241	241	100.0	—	—
1950	378	377	99.7	1	0.3
1949 and earlier	5,859	5,857	100.0	2	—
Total	21,324	21,289	99.8	35	0.2

TABLE 2  
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	For Defective Vision (excluding squint)		For any of the other conditions recorded in Table 6		Total Individual Pupils	
		Number	% of Col. 2	Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later	27	—	—	1	3.7	1	3.7
1959	2,843	60	2.1	399	14.0	441	15.5
1958	8,606	189	2.2	1,356	15.8	1,439	16.7
1957	1,552	47	3.0	308	19.8	317	20.4
1956	593	17	2.9	74	12.5	80	13.5
1955	361	12	3.3	44	12.2	50	13.9
1954	269	10	3.7	30	11.2	37	13.8
1953	250	6	2.4	30	12.0	34	13.6
1952	345	12	3.5	34	9.9	43	12.5
1951	241	9	3.7	27	11.2	36	14.9
1950	378	19	5.0	35	9.3	50	13.2
1949 and earlier	5,859	159	2.7	270	4.6	409	7.0
Total	21,324	540	2.5	2,608	12.2	2,937	13.8

**TABLE 3**  
**OTHER INSPECTIONS**

Number of Special Inspections	...	...	12,511
Number of Re-Inspections	...	...	33,093
			<hr/>
	Total	...	45,604
			<hr/>

**TABLE 4**  
Numbers of children medically inspected in the past five years

<i>Year</i>	<i>Periodic Inspections</i>	<i>Special Inspections</i>	<i>Total Inspections</i>
1960	12,743	8,558	21,301
1961	17,495	8,811	26,306
1962	20,170	9,998	30,168
1963	19,614	10,521	30,135
1964	21,324	12,511	33,835

**TABLE 5**  
(Illustrating the discretion given to medical officers in the examination of Leavers)

Pupils given full periodic medical inspection	...	...	406
Pupils given partial medical inspection for particular defect(s) or condition(s)	...	...	1,218
Pupils not examined but interviewed only	...	...	4,247
			<hr/>
	Total	...	5,871
			<hr/>

The programme of medical inspection provides for a Selection Visit, followed by a medical inspection, at each school in each term. We have never achieved this, owing to other pressures on medical staff to which I have referred in previous reports. However, the position improved in 1964 to the extent that the average number of Selection Visits achieved per school was 1.85 (as compared with the intended three) and the number of Medical Inspections was 1.93: the corresponding number in 1963 was in each case 1.6.

The number of periodic inspections (21,324) is still short of the expected number, the deficiency being almost entirely in respect of Leavers. There is a real practical problem of knowing in advance which children are about to leave and medically inspecting them before they do so.

The number of children examined as "specials" (12,511) approximates to the number in a single age-group—i.e., it is about the same as we would (or should) have examined as "intermediates" under the old system: but these children examined in 1964 were drawn from all age-groups, and their examination was in response to, and followed closely upon, the manifestation of a need.

The continuing practice of inspecting Leavers was subjected to some criticism by Head Teachers during the year, no doubt owing in part to the difficulty, referred to above, of identifying the child about to leave. It is certainly arguable that it is illogical and unnecessary if our system of selective inspection is working reliably. On the other hand there remains a strong feeling that a school health service should endeavour to satisfy itself that children leave school in as good health as possible, and that a Leavers' inspection is required to do this. It was decided as a check upon the efficiency, both of selective inspection and of our present system of Leavers' interviews, to reintroduce the full medical inspection of a limited number of randomly selected school leavers and carefully analyse the findings. This was in fact commenced at the beginning of 1965; and the results are being studied at the time of writing.





DEFECTIVE VISION AND SQUINT.

The results of annual vision testing are shown in Table 7 and the incidence of squint among School Entrants is shown in Table 8: 81.9% of children had their vision tested during the year. The vision-testing of school children has in the past been carried out by the Health Visitor/School Nurses. At the end of 1963 four school nurses, who are not health visitors, were appointed for the specific purpose of vision-testing, and this has eased the very considerable burden upon the Health Visitors.

TABLE 7  
ANNUAL VISION TESTING

Number of children with normal vision ...	90,354
For re-test ...	7,441
Referred to School Medical Officer or Eye Clinic	3,044
	100,839

TABLE 8  
INCIDENCE OF SQUINT FOUND PER 1,000 SCHOOL ENTRANTS AT PERIODIC MEDICAL INSPECTION

Year	Referred for		Total
	Treatment	Observation	
1959	15.7	22.1	37.8
1960	16.5	23.1	39.6
1961	15.8	30.0	45.8
1962	15.7	24.4	40.1
1963	14.8	26.3	41.0
1964	9.4	24.3	33.7

SCHOOL EYE CLINICS.

It is with much regret that I have to report the death of Dr. P. W. Keating at the beginning of October, 1964, following a road accident. Dr. Keating was appointed by the Wessex Regional Hospital Board as part-time Ophthalmologist for the School Eye Clinics in Fareham and the South-West area of the County from the 1st February.

A temporary appointment was made for the Fareham Clinic but the Board were unable to obtain the services of an ophthalmologist for the Christchurch, Lymington and Totton Clinics and these had to be suspended. Parents of children who would have been invited to these clinics were advised to obtain advice through the Supplementary Ophthalmic Services. This is reflected in the work of the School Eye Clinics as shown in Table 9. There is a continuing and increasing difficulty in staffing this important service to school children.

TABLE 9  
SUMMARY OF WORK OF SCHOOL EYE CLINICS, 1964

	New Cases	Re-examinations	Total (1964)	Total (1963)
Number of children seen ...	2,241	2,986	5,227	5,414
Total attendances ...	2,241	3,882	6,123	6,310
Glasses ordered for the first time ...	955	289	1,244	1,246
Lenses changed ...	—	1,449	1,449	1,436
Glasses discontinued ...	—	97	97	75
Recommended for orthoptic treatment ...			137	89
Referred for advice re operative treatment ...			97	98
Other treatment ...			3	4

TABLE 10  
ANALYSIS AND PERCENTAGE OF DEFECTS FOUND AT EYE CLINICS  
In New Cases, 1964

	Age									
	0—1	1—	2—	5—	8—	11—	14—18	0—18	5—18	% 5—18
Squint ...	3	15	42	95	49	25	7	236	176	8.7
Myopia ...	2	2	2	141	221	229	161	758	752	36.9
Astigmatism or Hypermetropia ...	2	—	4	299	130	89	89	563	557	27.4
Other Defects ...	6	1	5	22	7	8	8	55	43	2.1
“No Defect” ...	30	34	58	251	161	65	65	629	507	24.9
Total ...	43	52	111	808	568	416	243	2,241	2,035	100.0

## AUDIOMETRY AND HEARING DEFECTS.

In 1964 pure tone audiometric testing of selected children referred by the School Medical Officers from School Medical Inspection and by Head Teachers was continued.

The results were as follows:—

TABLE 11  
AUDIOMETRY

Age	No. of Children		Children newly found to have hearing loss
	Tested for first time	Re-tested	
4	2	—	—
5	525	48	292
6	1,178	401	485
7	542	589	240
8	454	400	149
9	284	424	107
10	146	289	60
11	89	181	36
12	128	162	60
13	67	155	32
14	29	147	20
15	23	60	9
16	17	14	5
17	6	7	3
Total	3,490	2,877	1,498

The figure (1,498) for children newly found to have a hearing-loss represents 1.21% of the school population: the corresponding figure in 1963 was 1.29%. The number of children newly tested in 1964 (3,490) was considerably higher than in 1963 (2,674), yet the number of children found to have hearing-loss (1,498) was less than in 1963 (1,548). This suggests that the selection of children for audiometry now errs towards the safe side, and that it is unlikely that many children with hearing-loss are being missed through failure to refer them.

Thirty-three children were recommended for operative treatment. The hearing testing of certain groups of school children was continued as previously:—

Children with cerebral palsy: 11 tested and no hearing-loss found, but three await retests.

Children with speech defects: 255 were tested for the first time and 100 had a hearing-loss.

Children with hearing aids of whom there were 134 in ordinary school.

### The Work of the Peripatetic Teachers of the Deaf.

I am indebted to the County Education Officer for a report, from which the following is abstracted, by Mr. F. D. Priddle, the Senior Peripatetic Teacher of the Deaf.

#### “General Development.

The general basic pattern and division of work has remained unaltered.

The new purpose-built unit at Cove was ready for occupation at the end of the Summer Term, 1964.

The Audiology Clinic at Aldershot, which was opened in November, 1963, continues to function on a fortnightly basis, and the Audiology Clinics at Basingstoke and Winchester, which commenced in October, 1964, are now held monthly.

#### Peripatetic Work in the Schools.

The following table shows the number of children receiving help as at December, 1964:—

Weekly teaching—					
With aids	...	...	...	...	34
Without aids	...	...	...	...	14
Regular visits—					
With aids	...	...	...	...	65
Without aids	...	...	...	...	11
Total					124

The work undertaken by the teachers consists, as before, of testing, assessment, appraisal, educational placement, actual teaching, as well as consultation with, and advice to, Head and Assistant Teachers. Hours each week spent on any one aspect of the work varies according to local conditions and the number of pupils to be seen at any one particular time. Whereas the teaching load still remains heaviest in the south-western area where no Unit facilities exist, there has been some decrease in the number of pupils requiring help, and there is not a sufficient concentration of pupils in any one centre to warrant the formation of a Unit.

Following the general development of the audiological service in Winchester, Basingstoke and Aldershot, much progress has been made in unifying the pre-school work undertaken by the Audiologists employed by the County Medical Officer together with that of the Peripatetic Teachers. The Basingstoke team have been able to devote several sessions to the re-appraisal of the needs of the children attending St. Thomas's School for the Deaf, and I would like to record my pleasure at the constructive work which has resulted under the guidance of the Head Teacher. The immediate results of this audiological team-work are an enhanced understanding of the complexity of the handicap, and



the inter-change of professional opinions has proved invaluable in the general understanding of the problem and its treatment.

Children wearing hearing aids who attend Secondary Schools have, to an increasing extent, achieved greater independence, and the needs for weekly teaching have decreased, thus enabling the tutors to spend more time in discussing problems with the individual teachers at the schools, and so promoting a greater understanding of the difficulties associated with loss of hearing.

**Units.**

**Fernhill Unit.**

There are normally seven or eight partially hearing pupils in Fernhill Secondary School. The deaf tutor works on a tutorial system, the boys and girls being withdrawn from their classes for speech training and remedial work. The Headmaster reports that integration is working well and that the Unit is showing good results.

**Cove Manor Unit.**

This is an Infant/Junior Unit occupying purpose-built premises at the Cove Manor Junior School, and drawing children also from the complementary Cove Manor Infant School, which is situated on the same site. Last year there were ten children in the Unit; this year there are only seven, and the Unit Teacher has been able to give increased attention to those children who cause particular anxiety and their general progress is worthy of note. Two children who are based at the Infants School and who come to the Unit for specialised help are quite remarkable, in that they have overcome, to a great extent, a very severe hearing defect. It would be unfair not to record the tremendous benefits which have been achieved through close co-operation between the staff of the schools and the Unit Teacher, and also between the parents of these children and the school, for it is believed that without parental co-operation children such as these would find integration into normal society difficult, if not impossible. Recommendation for transfer to a boarding school for one child is contemplated because the parents are unable to give the support and co-operation which is essential.

**Wallisdean Unit.**

At the Wallisdean Unit the tutorial system operates in that the children form part of the ordinary classes and are withdrawn only for special help. There are at present ten children in the Wallisdean Unit—drawn from the Wallisdean Junior and Infant Schools.

The Unit is accommodated in one of the classrooms of the Junior School, which is of recent construction and of three-form entry size. The time will soon be coming when this room will be required for ordinary school purposes and consideration will have to be given to constructing an alternative home for the Partially Hearing Children, as was done at Cove.

**Clinical and Diagnostic Work.**

Whenever possible it is customary for children to be seen in the first place at Audiometric Clinics staffed by School Medical Officers, and attended by Teachers of the Deaf. There the need for referral to Audiological Clinics is discussed. This procedure was first adopted in 1961 and the partnership between the medical and teaching professions is working well. More recently, at the request of the County Medical Officer, a course was organised for School Nurses, and there followed several practical sessions in pure tone audiometry. The nurses who attended are now undertaking audiometric work in the schools, and the results are most rewarding. At Farnborough and Winchester school nurses who attend the audiometric clinics are able to make such a contribution that in future the presence of the peripatetic teacher may not be required, in the early sessions at least.

There were 1,589 child sessions undertaken by peripatetic teachers during 1964 in addition to their normal teaching cases. Eight-hundred-and-thirty-four of these were in clinics and 755 in schools. The amount of help which the tutors have been able to give reflects largely the availability of audiometric clinics.

**School Leavers.**

I am happy to report that in recent months time has permitted of investigation being made into the employment of partially hearing school leavers, and discussions with the Youth Employment Service and the Technical Colleges are making it possible to extend to these young people the help which some of them continue to need. This contact with school leavers and with establishments of Further Education has been most helpful to the tutors also.

My thanks go to the help and hospitality which has been afforded by our colleagues in the schools to all members of the team."

**Audiology Clinics.**

The following is an analysis of the work of these clinics, which are in the clinical charge of a Consultant Otologist. The Winchester and Basingstoke clinics did not commence until October, 1964.

**TABLE 12**  
**AUDIOLOGY CLINICS**

	<i>Aldershot</i> (18 Sessions)		<i>Basingstoke</i> (3 Sessions)		<i>Winchester</i> (2 Sessions)	
	<i>School</i>		<i>School</i>		<i>School</i>	
	<i>Pre-School</i>	<i>Children</i>	<i>Pre-School</i>	<i>Children</i>	<i>Pre-School</i>	<i>Children</i>
New Cases ... ..	11	53	—	17	1	9
Re-Examination ... ..	11	11	—	—	—	1
Recommended for Hospital Treatment ... ..	3	25	—	8	1	2
Recommended for Hearing Aids ... ..	3	3	—	1	—	2
Referred to other Specialist ... ..	2	1	—	1	—	—
Discharged ... ..	2	15	—	1	—	2



**SPEECH THERAPY.**

The Speech Therapy Service suffered badly from lack of staff, though the position improved during the year. The establishment of speech therapists was seven-and-one-eleventh; but the number of therapists available was equivalent to only four-and-four-elevenths at the beginning of the year and six-and-five-elevenths at the end.

The number of clinic sessions held was 2,089 as compared with a theoretical 3,400 (approximately) from the full establishment: this is a better index of the deficiency in the Service than, say, the waiting-list, because experience over the years has shown that referral for speech therapy depends very much upon available treatment. The result of an inadequate service is that only the grosser speech defects are referred for treatment and they tend to be deferred as long as possible. Early corrective treatment is not only better for the children but is also more economical of speech therapists' time in that treatment does not need to be so prolonged: to this extent shortage of staff creates a vicious circle. The shortage of speech therapists is a national one.

One of the problems which has always confronted this Service (and is exacerbated by staff-shortage) is that of deciding how much time it is proper to devote to children whose primary defect is mental subnormality. Such children frequently have poorly developed speech as a part of their general backwardness. Until recently the view was widely held that since the speech defect is secondary to incomplete mental development it was not susceptible to improvement by speech therapy: though some speech therapists who had worked with backward children maintained that work with these children, though slow, was highly rewarding. This has been very much the experience of Mr. Tolfree, Chief Speech Therapist, in his work with the "borderline" children at the Compton Diagnostic Unit; and it has led to an increase in the provision of speech therapy in the Training Centres and (from April, 1964) a fusion of the two speech therapy services.

**TABLE 13**  
**SPEECH THERAPY CLINICS**

Clinic sessions held ... ..	1964
Consultations ... ..	2,089
Treatments ... ..	519
New cases referred during the year ... ..	9,804
New cases commencing treatment during the year ... ..	431
Continued from 1963 ... ..	453
	757
Total children treated ... ..	1,210
Children discharged ... ..	458
Number on Registers of Clinics 31.12.64:—	
(a) Under treatment ... ..	729
(b) Awaiting treatment after consultation ... ..	23
Total ... ..	752
Waiting List (awaiting consultation) on 31.12.64 ... ..	106

**TABLE 14**  
**SPEECH THERAPY CLINICS**

**Children discharged—Results of treatment.**

<i>Reason for Discharge</i>	<i>No Improvement</i>	<i>Improved</i>	<i>Speech Satisfactory</i>
Found unsuitable for treatment	2	2	—
Failure to continue attendance ...	14	40	3
No further response anticipated	—	45	266
Left school ... ..	1	25	4
Left district ... ..	7	41	8
Total ... ..	24	153	281
Grand Total ... ..	458		

**TABLE 15**  
**SPEECH THERAPY**

The following table shows the number of boys and girls under treatment on 31.12.64 by Speech Therapists for each type of defect.

<i>Defect</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia ... ..	315	121	436
Dysarthria ... ..	2	1	3
Stammer ... ..	105	18	123
Cleft palate ... ..	15	8	23
Delayed speech development ...	38	19	57
Dual defects ... ..	39	4	43
Others ... ..	25	19	44
Total ... ..	539	190	729

PHYSICAL EDUCATION IN THE SCHOOLS.

I am indebted to the County Education Officer for the following report by the Organisers of Physical Education:—

1. FACILITIES FOR PHYSICAL EDUCATION.

The provision of new school buildings to replace those overcrowded or inadequate, has transformed the facilities for physical education for many hundreds of children in Primary and Secondary Schools in Hampshire over the past few years, and this process has continued in 1964.

(i) Primary Schools.

In Primary Schools with only a playground for all physical activities, a regular programme of work is often vitiated by adverse weather conditions.

Changing into clothing and footwear giving freedom for movement is difficult to enforce. The planning of effective lessons in winter taxes the ingenuity of the teacher, when tubular steel agility apparatus becomes too cold for hands to grip safely and wet leaves or ice make playgrounds unsafe for games or running activities.

When a well-designed Hall is available, with a good floor, and equipped with gymnastic apparatus, piano, record-player and percussion instruments, the range of work in Physical Education which can be undertaken to develop the skill and creativity of the children, is greatly extended.

The following table gives an indication of the number of schools which have acquired halls in recent years:—

HALLS IN PRIMARY SCHOOLS

*Total number of Schools with Halls suitable for Physical Education*

1954	1963	1964
18	76	90

(ii) Secondary Schools.

In Secondary Schools, new buildings enable a similar broadening of the scope of Physical Education. Gymnasias, with changing rooms and shower baths, playing fields with athletic tracks, jumping pits and games pitches, and hard playground surfaces all make their contribution. The opportunities given by adequate changing rooms with shower baths for teachers to influence the health habits and attitudes in many incidental ways has a far-reaching effect on pupils of Secondary age.

The following table gives an indication of the improvement in facilities for Physical Education in recent years.

FACILITIES IN SECONDARY SCHOOLS

*Total number of Schools with good facilities for Physical Education*

1954	1963	1964
10	37	50

2. SWIMMING POOLS.

Swimming Pools in both Primary and Secondary Schools continue to be provided by the initiative of Parent-Teacher Associations with the assistance of grants from the Education Committee for chlorination and filtration plant.

The following table gives an indication of the number of schools which have acquired Swimming Pools in recent years.

NUMBER OF SCHOOLS WITH SWIMMING POOLS

	<i>Primary</i>	<i>Secondary</i>	<i>Total</i>
1954	—	4	4
1963	13	17	30
1964	4	1	5
	17	22	39

3. DEVELOPMENTS IN PHYSICAL EDUCATION.

The 1961 Report was mainly devoted to Outdoor Pursuits, and further development was reported in 1962 and 1963. Apart from the Tile Barn Camp Site at Brockenhurst, which has been fully used for camping and adventure activities, the house at Heol Senni, close to the Brecon Beacons, has been furnished and brought into use for parties of Secondary school children and youth groups taking part in mountain activities.

The purchase and development of the Calshot Activities Centre has provided the County with a unique venue for courses of many types. The Centre will eventually provide 80 residential places, with a full domestic and instructional staff. The position of the Centre at the entrance to Southampton Water, with a long coastline bordering the Solent, makes it inevitable that the main emphasis of courses will be on sailing, canoeing, and studies associated with the sea during the summer months. Week-end and week-day courses for groups of Secondary school children in a variety of activities will be available in the winter months.



The provision of these three centres has given opportunities for school children to experience activities which cannot be catered for on school premises. Many Secondary Schools now offer a wide range of recreative pursuits to pupils in upper forms and as club activities in after school, week-end and holiday periods. These activities may include, riding, canoeing, sailing, mountain activities, camping, judo, badminton, golf, fencing.

It is important to appreciate that these developments are an extension of traditional activities, rather than a replacement. The fostering of basic physical skills, both functional and creative, in gymnastics, games and dance, commenced in the Primary Schools, continues in the lower forms of the Secondary School. It is mainly in the last year that the element of choice is introduced and where the emphasis moves to those activities which may be continued as leisure pursuits on leaving school.

#### 4. ORTHOPAEDIC DEFECTS IN SECONDARY SCHOOL CHILDREN.

Mention was made in the 1963 Report of the investigation being undertaken jointly by the School Medical Officers and Physical Education staff at a selective Secondary School. This was designed—

- (i) to assess the probable numbers of children who require referral to the Orthopaedic Surgeon and who might not come to light in the course of the present selection procedure, and
- (ii) to agree a standard of assessment of deviation from the normal which would indicate the need for referral.

The County Medical Officer has prepared an interim report on the preliminary investigation, which indicates that the number of more serious defects is likely to be small. However, the number requiring special attention to offset the development of a fixed defect is comparatively large.

The original sample of first-year children is being followed-up, and an annual examination of feet and backs is being carried out in an attempt:—

- (a) to assess the true significance (in terms of ultimate disability) of the defects found or suspected, and
- (b) to discover the extent of orthopaedic defect arising after the age of 12.

#### CHILD GUIDANCE SERVICE.

Dr. I. Hadfield, Consultant Child Psychiatrist, reports as follows:—

“The advent of the third Psychiatrist, Dr. Melville-Thomas, enabled the waiting lists for diagnostic interviews to be considerably reduced and a very much more satisfactory service has been possible as a result. This improvement is shown in the greatly increased numbers of new patients who have been seen by the Psychiatrists, being 472 for 1964 compared with 308 in 1963 and the total number of attendances being 2,452 in 1964 compared with 1,977 in 1963.

Unfortunately this state of affairs cannot continue since during the year Dr. L. B. Bartlet was appointed as Consultant Child Psychiatrist to the Southampton Child Guidance Service and takes up his appointment in February, 1965.

We were also unfortunate in losing two other valued members of our staff during the year. Miss Shepherd, our Senior Psychiatric Social Worker, was appointed to the post of Senior Lecturer to the Department of Social Studies at Southampton University and Mr. Houghton, one of our Educational Psychologists, was appointed as Lecturer to the Department of Education at Nottingham University. We already miss their experience. We are fortunate, however, in having appointed Mr. C. MacLavery as Educational Psychologist in the Team.

The extra psychiatric time has enabled us to extend our consultative work beyond the clinics and Dr. Melville-Thomas has been working more closely with the County Children's Department as adviser on the needs of children in Palmerston House and Palm Hall reception homes. This aspect of the work is, we feel, very valuable and often results in a saving of clinical time. We would like to extend this aspect of the work and also be able to offer our services in training work when the clinical field becomes more manageable and waiting lists are more reasonable.”



TABLE 16

## SUMMARY OF WORK OF THE CHILD GUIDANCE SERVICE FOR 1964

I.	Cases carried on from last year	...	...	...	...	...	1,420
	New cases referred during the year	...	...	...	...	...	907
	Old cases re-opened	...	...	...	...	...	101
							<hr/>
							2,428
	Number of cases closed during year	...	...	...	...	...	1,058
	Number of cases carried forward to next year:—						
	Cases under investigation or treatment on 31.12.64	...	...	...	...	1,261	
	Cases awaiting investigation	...	...	...	...	109	
						<hr/>	1,370
II.	Sources of Referral.						
	County Medical Officer, School Medical Officers, etc.	...	...	...	...	...	206
	Juvenile Courts	...	...	...	...	...	263
	General Practitioners	...	...	...	...	...	164
	Educational Psychologists	...	...	...	...	...	117
	Hospitals	...	...	...	...	...	60
	County Children's Officer	...	...	...	...	...	50
	Parents	...	...	...	...	...	45
	County Education Officer	...	...	...	...	...	26
	Probation Officers	...	...	...	...	...	19
	Other Child Guidance Clinics	...	...	...	...	...	17
	Head Teachers	...	...	...	...	...	13
	Health Visitors	...	...	...	...	...	12
	Miscellaneous	...	...	...	...	...	16
							<hr/>
							1,008
III.	Reasons for Referral.						
	Behaviour disorders	...	...	...	...	...	610
	Habit disorders	...	...	...	...	...	147
	Educational and vocational advice	...	...	...	...	...	83
	In need of care and protection	...	...	...	...	...	57
	Nervous disorders	...	...	...	...	...	45
	Failure to attend school	...	...	...	...	...	37
	Emotional development	...	...	...	...	...	15
	Breach of recognisance	...	...	...	...	...	8
	Miscellaneous	...	...	...	...	...	6
							<hr/>
							1,008
IV.	Number of children seen by Psychiatrists during year at Clinics.						
	Number of new patients seen	...	...	...	...	...	472
	Number of new cases taken on for treatment or supervision	...	...	...	...	...	242
	Number of other cases seen for treatment or supervision	...	...	...	...	...	312
	Total number of attendances by children	...	...	...	...	...	2,452
	Number of home visits paid by Psychiatric Social Workers and Social Worker	...	...	...	...	...	2,162
V.	Remand Homes.						
	282 children (167 boys and 115 girls) were seen at the Remand Homes.						
VI.	Disposal of Cases.						
	Total cases closed	...	...	...	...	...	690*
	No treatment—consultation and recommendation to Courts	...	...	...	...	249	
	Consultation and advice only	...	...	...	...	195	
						<hr/>	444
	Discharged after treatment:						
	Satisfactory	...	...	...	...	9	
	Improved	...	...	...	...	47	
	Some improvement	...	...	...	...	29	
	Unsatisfactory	...	...	...	...	16	
						<hr/>	101
	Transferred	...	...	...	...	...	85
	Moved away	...	...	...	...	...	53
	Unsuitable for Child Guidance	...	...	...	...	...	6
	Died	...	...	...	...	...	1

\* A further 368 cases were referred and were withdrawn without clinic investigation on account of failure to attend, spontaneous improvements, etc.

## THE SCHOOL PSYCHOLOGICAL SERVICE.

The following report from Mr. A. M. Harborth, Senior Educational Psychologist, embodies the work of the School Psychological Service for the year 1964:—

“The numbers referred are approximately the same as 1963, but due to stable staffing only 185 cases had to be carried forward, 100 less than last year. This number is still too large and it would appear that with the present staff, these referrals are about the optimum and the time between referral and examination is being reduced. In addition 230 children in eight schools were examined on a survey basis.

TABLE 17

Sources of Referral.	Boys	Girls	Total
Head Teacher ... ..	517	251	768
Psychiatrist ... ..	244	104	348
School Medical Officer ... ..	173	76	249
Remand Homes ... ..	138	102	240
County Education Officer ... ..	37	17	54
Parent ... ..	36	9	45
County Children's Officer ... ..	7	9	16
Probation Officer ... ..	5	3	8
County Welfare Officer ... ..	1	—	1
	<hr/> 1,158 <hr/>	<hr/> 571 <hr/>	<hr/> 1,729 <hr/>

TABLE 18

Reasons for Referral.			
General Backwardness ... ..	103	51	154
Specific Backwardness ... ..	6	5	11
Assessments and Re-assessments ... ..	435	212	647
Advice ... ..	224	85	309
School Refusals and Truanting ... ..	12	6	18
Behaviour Difficulties ... ..	68	23	91
Emotional Problems ... ..	13	11	24
Follow-ups ... ..	10	14	24
Speech Defects ... ..	5	1	6
Pilfering ... ..	13	4	17
Deafness ... ..	—	1	1
Vision ... ..	1	1	2
?—E.S.N. (Special Schools and Units) ... ..	130	55	185
Psychological Investigation ... ..	138	102	240

TABLE 19

Remedial Treatment and Clinics.	Sessions	Children	Closed	Continuing
Aldershot ... ..	17	6	5	1
Alton ... ..	17	3	1	2
Basingstoke ... ..	26	7	5	2
Christchurch ... ..	14	4	4	—
Eastleigh ... ..	19	8	5	3
Gosport ... ..	25	5	3	2
Havant ... ..	31	4	3	1
Winchester ... ..	30	3	2	1
	<hr/> 179 <hr/>	<hr/> 40 <hr/>	<hr/> 28 <hr/>	<hr/> 12 <hr/>

TABLE 20

Distribution of I.Qs.	Boys	Girls	Total	% of Total
145+ (Exceptional) ... ..	6	—	6	.4
130—144 (Superior) ... ..	20	6	26	2.0
115—129 (Above average) ... ..	82	33	115	8.7
85—114 (Average) ... ..	457	211	668	50.4
70—84 (Below average) ... ..	232	133	365	27.5
60—69 (Limited—E.S.N.) ... ..	61	35	96	7.2
50—59 (Limited—E.S.N.) ... ..	20	20	40	3.0
40—49 (Severely limited) ... ..	3	6	9	.7
35—39 (Training Centre) ... ..	2	—	2	.1
30—34 (Training Centre) ... ..	—	—	—	—
	<hr/> 883 <hr/>	<hr/> 444 <hr/>	<hr/> 1,327 <hr/>	
Mean ...	92.85	87.71	91.95	

TABLE 21

Age Distribution.																
Years ...	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Boys ...	1	3	29	73	128	158	81	84	71	42	65	72	47	18	11	
Girls ...	1	5	15	36	66	47	36	34	25	31	29	34	57	24	4	
Age		Boys					Girls					Total		%		
Below 5	...	...	...	...	...	4	...	...	...	...	...	10	...	...	...	.8
5 and 6	...	...	...	...	...	102	...	...	...	...	...	153	...	...	...	11.4
7, 8, 9, 10, 11	...	...	...	...	...	522	...	...	...	...	...	730	...	...	...	55.1
12, 13, 14	...	...	...	...	...	179	...	...	...	...	...	273	...	...	...	20.6
15 and 16	...	...	...	...	...	65	...	...	...	...	...	146	...	...	...	11.0
17+	...	...	...	...	...	11	...	...	...	...	...	15	...	...	...	1.1
						883						1,327				

It seems that as soon as staff becomes stable, opportunities for promotion occur. Consequently one of the psychologists left to take up a lecturing post in Nottingham University. We were fortunate, in face of the global shortage of psychologists in the field of education to be able to make a very satisfactory replacement appointment. It is to be hoped that the general situation will improve, for though the Service appears to be adequately satisfactory from the schools' point of view, much more needs to be done, particularly on the side of research projects and better liaison with the other child centred Services.

The trend in the direction of referring children at a younger age continues, and is gratifying, for longer time is available for remedial or therapeutic action. It is also noteworthy that the types of cases referred are children who are really in need of help, so that it is obvious that schools are showing a greater understanding of and insight into their day to day problems. This is both helpful and valuable. It is hoped that in future more time can be spent on individual cases, especially those referred by the psychiatrists. More time is needed to help the teachers of remedial classes in schools and the follow-up of pupils who have left the Remedial Units and the Day Special Schools.

Meetings of the Wessex Region Child Guidance Inter-Clinic Conference have been attended. One member of staff attended the Annual Inter-Clinic Conference in London.

Twenty-six talks have been given to P.T.A's. and Further Education courses, while 24 meetings of the Association of Teachers of Backward Children were attended.

A highly successful week-end course was held in conjunction with the Isle of Wight School Psychological Service, which was attended by 70 teachers from the County, who enjoyed meeting their Island colleagues and the talks and discussions given by Dr. Kellmer-Pringle and Messrs. Gulliford and Tansley. Dr. W. D. Wall, Director of the N.F.E.R., opened the course."

THE SCHOOL DENTAL SERVICE.

Report of the Principal School Dental Officer—Mr. C. C. Chadwick:—

“Dental Staff.

Authorised Establishment as at 31st December, 1964:—

- 1 Chief and Principal School Dental Officer.
- 1 Deputy Chief Dental Officer.
- 2 Area Dental Officers.
- 34 Dental Officers.
- 1.5 Medical Anaesthetists.
- 6 Dental Auxiliaries.
- 1 Dental Hygienist.
- 1 Senior Dental Surgery Assistant.
- 40 Dental Surgery Assistants.

Two new posts of Area Dental Officers were created in 1964, to serve the Havant and Waterlooville Urban District Council (Delegation Authority), and the Gosport M.B. Council (Delegation Authority). Appointments to both posts were made early in the year.

Staffing in the County Dental Service improved to an equivalent of 34.6 Dental Officers in 1964, and again this has been accompanied by an increase in the number of full-time Dental Officers employed. The number of part-time Dental Officers on the Staff fell to eight at the end of the year, and the number of sessions worked by part-time Dental Officers (1,293) was the equivalent of 2.6 whole-time Dental Officers.

Two additional Dental Auxiliaries were appointed during the year making an equivalent of 3.4 Dental Auxiliaries for the full year, and one Dental Hygienist was employed for the full year. Dental Auxiliaries can play an important part in the treatment of young school children and children of pre-school age, but increases in Dental Auxiliary staff must of necessity be determined by the availability of suitable clinic facilities.

Ten Medical Anaesthetists working 659 sessions in the year made an equivalent whole-time staff of 1.5.

Dental Inspection and Treatment.

1964 again showed an increase in the number of children (13,957) who received a second dental inspection in the course of the year. This increase is a heartening step towards the ultimate goal of having every school child inspected annually, with a second six-monthly “check-up” for all those children who consent for treatment under the County Dental Service.

The rate of consent for treatment by the County Dental Service was 54.2%.



The improved inspection figures are accompanied by equally improved dental treatment figures. The number of fillings done each year continues to rise, while extractions fall, and this emphasises the growing tendency towards more conservation of teeth each year. Satisfactory as it is to compare 1964 figures with those of last year, a comparison of treatment figures from 10 years ago with those of to-day shows a much clearer picture of the advancement which has been made over this longer period. Such a comparison shows:—

	<i>Permanent Teeth</i>		<i>Deciduous Teeth</i>	
	<i>No. of Teeth Filled</i>	<i>No. of Carious Extractions</i>	<i>No. of Teeth Filled</i>	<i>No. of Carious Extractions</i>
1954	30,059	3,755	11,307	26,691
1964	57,922	4,734	29,046	20,279

Thus, in 1954—for every permanent tooth extracted because of decay, eight were saved by filling: in 1964, the ratio had improved to 12 permanent teeth filled for every tooth extracted. Treatment figures for deciduous teeth show an even more dramatic transformation over the 10 year period—in 1954, for every deciduous tooth filled, 2.4 teeth required extraction; in 1964, 1.5 deciduous teeth were filled for each tooth extracted because of decay.

This trend for greater conservation of both permanent and deciduous teeth should continue as long as the ratio of 3,000—3,300 school children per dental officer is maintained. A logical requirement to the continuance of this trend is a greater number of pre-school children receiving regular inspection and treatment from three years of age. The encouragement of parents to seek dental inspection for their children from an early age is being resourcefully pursued.

The increase in the amount of treatment carried out is not confined only to the conservation of teeth. A considerable rise is shown also in the amount of orthodontic treatment provided in 1964. Compared with even one year before, over 1,000 more attendances for orthodontic treatment were made in 1964, and 183 more cases were under treatment than in 1963. It is becoming apparent that the more teeth are conserved the more orthodontics will occupy an increasingly larger portion of the Dental Officer's clinical time. The rapidly increasing child population in Hampshire makes the need for the provision of a better orthodontic service one of our most urgent problems.

**Clinic Premises.**

During the year, a new four surgery Dental Clinic was opened at 22, Bury Road, Gosport, to replace existing accommodation, and has proved a welcome improvement in the clinic facilities available for the Gosport Authority. One additional dental surgery was added to the Aldershot School Health Clinic, and an additional surgery was also provided at the Brambly's Grange Health Clinic in Basingstoke. A temporary surgery has been equipped, at short notice, for a Dental Auxiliary at the Leigh Park Health Clinic in Havant, and it is hoped to replace these temporary facilities by a permanent surgery in the near future.

One new Dental Trailer was purchased in 1964 as a replacement for an obsolete mobile clinic. The need for extra trailer accommodation in the current year, has prevented the disposal of this trailer which is still in use. It is hoped to replace this trailer next year.

**Dental Health Education.**

Dental Health Education continues to play a prominent and important part in the County Dental Service. Schools are visited regularly by our team of Lecturers who gave 741 talks and film shows in 1964, compared with 692 in the previous year. Stands, featuring dental health, were set up in schools at the request of Head Teachers, who greatly appreciate an exhibit to act as a " follow-up " to a dental health talk.

The " Apples for Schools " scheme continues to flourish and more and more schools are participating each year. The Hants. and Border Fruit Growers continue to administer this scheme, and it is to their credit that Head Teachers who receive apple supplies are highly satisfied with the arrangements made, and the quality of the fruit being delivered.

As in previous years, every effort was made to offer dental health talks to parent groups throughout the County. In all, 72 talks were given at Parent Teacher Associations, Ante-Natal Classes, Child Welfare Centres, Young Wives Clubs, and Church Guilds. Since talks to such groups take " Dental Health " to an adult audience where parents predominate, every effort is made to publicise the fact that this service is available.

TABLE 22  
DENTAL HEALTH EDUCATION, 1964

	<i>No. First Visits</i>	<i>No. Subsequent Visits</i>	<i>No. Talks Given</i>
Schools ... ..	339	54	741
Parent-Teacher Associations ... ..	3	—	3
Ante-Natal Classes ... ..	51	—	51
Child Welfare Centres ... ..	5	1	6
Young Wives, Day Nurseries, etc. ... ..	9	2	12
Total Adult Group Talks ... ..	68	3	72

Finally, I should like, on behalf of the County Dental Staff, to thank the Teaching Staff of the Authority for their co-operation and assistance in the day-to-day work of the County Dental Service, and also the members of the Dental Section at Headquarters for their help and guidance during the year, which has contributed greatly to the efficient management of the Dental Service in this County."

TABLE 23

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1. Number of pupils inspected by Authority's Dental Officers:—	1964	%‡	1963	%‡
(a) Periodic Age Groups ... ..	116,148		111,268	
(b) Specials ... ..	3,750		3,886	
Total (1)	119,898		115,154	
2. Number found to require treatment ... ..	88,116	(71.8)	85,490	(74.1)
3. Number offered treatment ... ..	83,960	(70.0)	78,491	(68.1)
4. Number actually treated ... ..	44,960	(39.1)	45,327	(39.4)
5. Number of attendances made by pupils for treatment including those recorded at Heading 11 (i) (Orthodontic) ... ..	109,921		106,982	
6. Half days devoted to:—				
Inspection ... ..	908.5		845	
Treatment ... ..	15,603.5†		15,638†	
Total (6)	16,512		16,483	
7. Fillings:—				
Permanent Teeth ... ..	70,046		72,128	
Temporary Teeth ... ..	33,581		28,528	
Total (7)	103,627		100,656	
8. Number of teeth filled:—				
Permanent Teeth ... ..	55,922		63,014	
Temporary Teeth ... ..	29,046		24,937	
Total (8)	86,968		87,951	
9. Extractions:—				
Permanent Teeth ... ..	6,687*		7,290*	
Temporary Teeth ... ..	22,191*		22,302*	
Total (9)	28,878*		29,592*	
10. Administration of general anaesthetics for extractions ... ..	10,334		10,470	
11. Orthodontics:—				
(a) Cases commenced during the year ... ..	891		643	
(b) Cases carried forward from previous year ... ..	299		364	
(c) Cases completed during the year ... ..	268		201	
(d) Cases discontinued during the year ... ..	121		97	
(e) Cases transferred to Specialist ... ..	301		281	
(f) Pupils treated with appliances ... ..	665		519	
(g) Removable appliances fitted ... ..	444		372	
(h) Fixed appliances fitted ... ..	—		—	
(i) Total attendances ... ..	5,875		4,831	
12. Number of pupils supplied with artificial dentures	141		148	
13. Other operations:—				
Permanent Teeth ... ..	19,315		16,225	
Temporary Teeth ... ..	12,914		14,736	
Total (13)	32,229		30,961	

\* Of these 1,953 permanent and 1,912 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 1,333 and 1,712.

† Of these 762 were general anaesthetic sessions attended by a second Dental Officer (103) or by a Medical Officer (659) acting as anaesthetist.

‡ Percentage of the pupils inspected.

TABLE 24  
DENTAL INSPECTION OF SCHOOL CHILDREN, 1964

			First examination during the year				Second and subsequent examinations during the year			
			Number inspected (1)	Number found to require treatment (a) (2)	Number offered treatment (3)	Number consenting to treatment (4)	Number inspected (1)	Number found to require treatment (a) (2)	Number offered treatment (3)	Number consenting to treatment (4)
Routine Inspections	...	...	101,807	75,276	71,455	37,755	13,864	9,110	8,839	4,124
Special Schools	...	...	384	261	207	176	93	64	60	52
"Specials" at Clinics (see Note (b) below)	...	...	3,750	3,405	3,399	3,389	—	—	—	—
Total	...	...	105,941	78,942	75,061	41,320	13,957	9,174	8,899	4,176

Notes:

- (a) Columns headed "Number found to require treatment." This figure is the number of children who are not 100% dentally fit. They include some children for whom treatment is not immediately necessary.
- (b) Not previously inspected during the year. The inspection of "specials" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspection in schools.



TABLE 25

DENTAL TREATMENT  
Return of Work for Year 1964

Class of Patient	Number actually treated	Total attendances for treatment	Number N <sub>2</sub> O and Vinyl Ether Cases	Number of Teeth Filled		Number of Fillings		Extractions				Other Operations				Attendances for				
				Per.	Temp	Per.	Temp.	Caries		Orthodontic		Silver Nitrate		Other		Root Fillings	Scaling and Cleaning See (a) below	Gum Treatment See (b) below	Dentures See (c) below	Reg. Appliances
								Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Ordinary School Children	44,960	109,308	10,274	57,612	28,915	69,676	33,441	4,700	20,176	1,892	1,906	480	8,573	5,870	4,251	337	11,440	1,030	503	8,821
Special Schools	272	613	60	310	131	370	140	34	103	61	6	2	74	34	16	—	122	—	7	54
Total	45,232	109,921	10,334	57,922	29,046	70,046	33,581	4,734	20,279	1,953	1,912	482	8,647	5,904	4,267	337	11,562	1,030	510	8,875

Notes:

- (a) Scaling and Polishing—same principle as for Gum Treatment. When Scaling has been done, the polishing of the teeth does not count as a separate operation; neither does polishing of a filling.
- (b) Gum Treatment—one operation if confined to the maxilla or mandible, regardless of the number of teeth concerned; two operations if work carried out in both jaws.
- (c) Regulation and Denture Work—is not operative work but is entered in Columns 20 and 21 for convenience only. Each attendance at which work is carried out is recorded also in Column 3 and Column 2 when applicable.

Sessions:	School Inspections	...	...	908.5
	Clinic Treatment (all patients)	...	...	16,248.5*
	Anaesthetists—Dental Officers	...	...	103
	Medical Officers (part-time)	...	...	659
	Allocation of Sessions—Clinic Treatment:			
	School and Special School Children	...	...	15,603.5
	Pre-School Children	...	...	529
	Expectant and Nursing Mothers	...	...	75
	Mental Health	...	...	41

\*This includes 205 evening sessions.

**TABLE 26**  
**THE WORK OF THE DENTAL AUXILIARIES**  
(Included in Tables 23 and 25)

	<i>School Children</i>	<i>Pre-School Children</i>
Number of children allocated for treatment ... ..	1,855	266
Number of fillings completed in:—		
(a) Deciduous Teeth ... ..	2,387	587
(b) Permanent Teeth ... ..	3,861	—
	<hr/>	<hr/>
Total fillings ... ..	6,248	587
Number of deciduous teeth extracted ... ..	314	11
Number of children given prophylactic treatment ...	1,358	171
Number of children treated by application of stannous or sodium fluoride ... ..	—	—
<b>Dental Health Education.</b>		
Number of hours spent by auxiliary on dental health education ... ..	83½	—

**TABLE 27**  
**THE WORK OF DENTAL HYGIENIST**  
(Included in Tables 23 and 25)

Number of sessions worked (clinical) ... ..	262
Time devoted to individual instruction in dental hygiene and dental health education ... ..	183¼ hours
Dental health education group talks in schools, etc. ...	463 hours
Number of patients treated (new) ... ..	1,181
Number of patients' treatment completed ... ..	1,133
Number discharged as failing to complete treatment ...	19
Attendances ... ..	1,278

## HEALTH EDUCATION.

The County Education Officer's Working Party report on "A New Approach to Health Education in the Schools" (to which reference was made in my last Annual Report) was published in January, 1964. In March, a residential week-end course for teachers was organised by Dr. Wagland, and speakers from the Education and Health Departments, the Church, and from Industry studied their interpretation of wholeness in the health teaching that could be done in schools. Display material and literature was exhibited, and the teachers provided a good, critical reaction to the practicality and method of applying these ideals.

The retirement of Dr. Wagland after 17 years as County Lecturer in Health Education, and the stimulus imparted by the working party's report, led to an increase in demands upon the School Health Service to assist head teachers in their programmes of health education.

The greater part of this demand came from the County Secondary Schools: 83 visits were made by School Health Service staff to 34 schools to give talks, demonstrations, film-displays, etc. The two subjects most frequently requested were "Mothercraft" and "Smoking and Health"; but other talks and demonstrations included accident-prevention, infectious disease, personal hygiene and bodily care, physical fitness and posture.

The calls upon the School Health Service for health education were fewer in the primary schools, owing perhaps to the types of health education which are appropriate at this age being somewhat less specialised. Twenty-one visits were paid to 14 schools, and the subjects included home safety, infectious disease, the working of the human body, and keeping fit.

The Mobile Unit provided jointly by the Ministry of Health and the Central Council for Health Education to publicise the dangers of smoking visited 18 secondary schools in the centre and south-east of the County.

School doctors and nurses are available to discuss with head teachers, particularly at the termly selection visits, the implementation of the working party's report. Three meetings were held at the request of the teachers in the Christchurch area to discuss the problems of sex education in the schools: this is a field in which some teachers understandably find themselves less at ease than with other aspects of health education, and it is hoped that this discussion of the problems, as they present both in primary and in secondary schools, and the review of teaching aids available, was of value to the teachers as well as to the doctors and nurses who took part.

TABLE 28  
HANDICAPPED PUPILS — 1964

Category	Ascertainment		*Special Schools					Number awaiting placement at end of the year	Number receiving special educational treatment in ordinary school
	New cases ascertained during 1964	Number on Register at 31.12.64	Number recommended for admission during the year	Number† admitted during the year	Number‡ discharged during the year	Number attending at the end of the year			
Blind ... ..	4	12	1	2	5	10	2	—	
Partially sighted ... ..	4	32	4	3	5	22	3	10	
Deaf ... ..	3	26	3	3	3	24	1	—	
Partially hearing ... ..	31	186	12	12	3	41	5	141	
Delicate ... ..	51	255	50	42	35	62	9	161	
Physically handicapped ... ..	23	191	15	20	8	63	8	55	
Educationally subnormal ... ..	86	895	113	73	53	336	180	521	
Maladjusted ... ..	28	128	31	39	26	81	23	39	
Epileptic ... ..	3	27	3	3 (a)	4	18 (a)	—	9	
Speech defective ... ..	3	8	3	—	2	2	4	6	
	236	1,760¶	235	197	144	659	235	943	

\* Includes boarding houses and hostels: excludes Hospital Schools and Spastic Units.

† Or transferred to Hampshire.

‡ Includes children who reached the age of 16, even though they remained at the special school.

¶ 1.4% of the school population.

(a) Includes one child reclassified as Epileptic and Educationally Sub-normal.



**TABLE 29**  
**CHILDREN WITH MULTIPLE HANDICAPS**  
**December, 1964**

(In Table 28 these children are included under their "major" handicap)

<i>Double Defect Cases</i>					<i>Triple Defect Cases</i>			
<i>Primary Handicap</i>	<i>Secondary Handicap</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>Combination of Defects</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Partially sighted	Partially hearing	1	—	1	Epileptic E.S.N. Physically handicapped	—	1	1
Deaf	E.S.N.	1	—	1				
Partially hearing	E.S.N.	2	1	3				
	Physically handicapped	2	—	2	Physically handicapped E.S.N. Epileptic	1	—	1
Delicate	E.S.N.	3	3	6				
Physically handicapped	E.S.N.	10	5	15	Physically handicapped E.S.N. Partially hearing	—	1	1
	Partially sighted	—	1	1				
Educationally subnormal	Partially hearing	1	2	3				
	Delicate	2	5	7				
	Physically handicapped	—	2	2				
Maladjusted	E.S.N.	6	2	8				
	Epileptic	2	1	3				
Epileptic	E.S.N.	4	2	6				
	Physically handicapped	1	—	1				
	Maladjusted	—	1	1				
Speech defective	E.S.N.	1	—	1				
	Total	36	25	61	Total	1	2	3
	Total 1963			97	Total 1963			6

Total number of children with double or triple handicaps—Male 37; Female 27 = 64.

The marked reduction in the number of handicapped pupils registered as having multiple defects is a continuation of a trend on which I commented last year. However, a great part of the reduction is due to elimination of the "E.S.N." element, and this reflects an inclination to discount educational subnormality as a defect *per se* in the presence of another handicap. The tendency now is to educate the child according to the assumption that any educational backwardness is attributable to the physical defect, until the contrary is proved.

**TABLE 30**  
**HOSPITAL SCHOOLS**

<i>Hospital School</i>	<i>Type of case chiefly dealt with</i>	<i>Number of H.C.C. children attended during year</i>
Bursledon Annexe to Southampton Children's Hospital ... ..	General long-stay	93
Lord Mayor Treloar Hospital, Alton ... ..	Mainly orthopaedic	260
Total ... ..		353

In addition to the children taught in these hospital schools, 23 children received tuition at Christchurch Hospital, five at Capesthorpe Convalescent Home, Mudeford and eight at the Leigh House Psychiatric Unit, Chandlers Ford.

The Lord Mayor Treloar Special Class was closed in July, 1964, because owing to the small numbers of children and their differing ages it was no longer a viable unit either educationally or economically.

Fifty-six handicapped pupils were receiving home tuition on about 20th January, 1964.

**TABLE 31**  
**DELICATE PUPILS — DIAGNOSIS**

	<i>New Cases</i>	<i>Total on Register</i>
General or nervous debility ... ..	8	53
Asthma, with or without bronchitis or eczema ...	26	102
Bronchitis ... ..	1	12
Bronchiectasis ... ..	2	15
Upper respiratory infections ... ..	7	14
Congenital heart disease ... ..	2	14
Nephritis ... ..	—	5
Diabetes ... ..	2	8
Non-infective dermatitis ... ..	1	1
Still's Disease ... ..	1	1
Congenital oesophageal stricture ... ..	1	1
Other conditions (previously classified) ...	—	29
Total ...	51	255

Eight children with diabetes were sent on holidays organised by the Diabetic Association.

**TABLE 32**  
**PHYSICALLY HANDICAPPED PUPILS — DIAGNOSIS**

	<i>New Cases</i>	<i>Total on Register</i>
Congenital heart disease ... ..	—	8
Other congenital malformations ... ..	2	39
Haemophilia ... ..	—	3
Cerebral palsy ... ..	12	88
Myopathy ... ..	3	10
Poliomyelitis ... ..	2	18
Virus encephalitis ... ..	—	1
Still's Disease ... ..	—	3
Perthes' Disease ... ..	—	1
Rheumatic carditis ... ..	—	1
Epidermolysis bullosa ... ..	—	1
Slipped epiphyses ... ..	—	1
Paralysis due to injury ... ..	1	7
Avitaminosis "D" ... ..	—	1
Cerebral tumour ... ..	1	6
Mesenchymal tumour (spine) ... ..	—	1
Tumour in renal area ... ..	1	1
Sub-arachnoid haemorrhage ... ..	1	1
Total ...	23	191

**TABLE 33**  
**EDUCATION OF CEREBRAL PALSIED CHILDREN**

Attending Residential Special Schools ... ..	34
Attending Spastic Units—Cosham ... ..	12
—Southampton (LEA) ... ..	4
—Southampton (Spastic Society) ... ..	4
—Odstock (LEA) ... ..	3
—Poole (Spastic Society) ... ..	3
Attending West Mead Spastic Unit ... ..	1
Futcher's Day Special School (Portsmouth LEA) ... ..	2
Awaiting Residential Special Schools or Spastic Units ... ..	5
Attending ordinary schools ... ..	17
Home tuition ... ..	2
Excluded from educational system ... ..	1
Total ...	88

## EDUCATIONALLY SUBNORMAL PUPILS.

### Compton Diagnostic Unit.

During 1964, 14 children were discharged with recommendations for placement as follows:—

For report to Local Health Authority as unsuitable for education at school ... ..	7
To attend residential special schools for educationally subnormal pupils ... ..	3
To attend day special school for educationally subnormal pupils	1
To receive home tuition ... ..	1
Left County ... ..	2
	<hr/> 14 <hr/>

### Children Unsuitable for School.

During the year 50 children were reported to the Local Health Authority as unsuitable for education at school, under Section 57 of the Education Act, 1944.

In three cases the decision that a child was unsuitable for education at school was cancelled under Section 57(A)(2). In these cases residential special schooling was recommended.

The practice has been continued of admitting "borderline ineducable" children to Training Centres (for mentally subnormal children) "unofficially"—that is to say without report under Section 57 of the Act. 28 children attended Training Centres "unofficially" during 1964.

Forty-one children were recommended for care or guidance after leaving school and information concerning them was passed to the Local Health Authority.

### Day Special Schools.

There are two Day Special Schools—The Foxbury, Gosport, and Middle Park, Havant. The age range of both schools is eight to 12 years and attendance is made by both ascertained educationally subnormal pupils and children, who though not formally ascertained as educationally subnormal, can benefit by the education provided in a Day Special School. At the end of the year 88 children were attending Foxbury School, of whom 25 were ascertained educationally subnormal, the corresponding figures for Middle Park being 88 and 47.

## REST HOME SCHEME.

During the year eight children (four boys and four girls) were sent for convalescence for two or more weeks, following illness or on account of unsatisfactory home conditions.

TABLE 34  
INFECTIOUS DISEASES

### (a) Notification of Infectious Disease in Children aged 5—14\*.

Scarlet Fever ... ..	78
Whooping Cough ... ..	138
Measles ... ..	2,000
Erysipelas ... ..	—
Pneumonia ... ..	8
Meningococcal Infection ... ..	1
Poliomyelitis ... ..	1
Encephalitis:—	
Infective ... ..	—
Post-infectious ... ..	1
Tuberculosis (aged 5-18):—	
Pulmonary ... ..	7
Non-Pulmonary ... ..	1
Dysentery ... ..	76
Food Poisoning ... ..	8
Paratyphoid Fever ... ..	1

\* Includes children attending private schools.

### (b) Non-notifiable Infectious Disease reported by Head Teachers.

German Measles ... ..	78
Mumps ... ..	1,451
Chicken Pox ... ..	1,155

Apart from the considerable outbreak of **Mumps** (from which, however, no serious complications were reported), the downward trend in infectious disease in schools has continued.

**Diphtheria**—671 school children were immunised for the first time and 13,412 were re-immunised.



**Poliomyelitis**—there was one case (non-paralytic). This was a five-year old boy who had not been immunised. Immunisation against the disease continued and 10,304 school children received re-inforcing doses.

**Measles**, in accordance with the usual biennial phasing, decreased compared with 1963 when 6,433 cases were notified.

**Dysentery** shows a decrease on last year. Included in the 76 cases formally notified were minor outbreaks at North Baddesley (four cases) in February and Bentley (14 cases) during October and November. There were also outbreaks at Four Marks (22 cases) in April and Heckfield (29 cases) during April and May but these cases were not formally notified.

**Food Poisoning**—there was no clear record of any outbreak of food poisoning arising from school meals or milk in 1964, though in one or two schools there were cases of unexplained sickness with or without diarrhoea among the children.

**Paratyphoid Fever.** This was a girl, age five years, who had not commenced school. She was a contact of her mother, a persistent carrier of Salmonella paratyphoid B.

**Tuberculosis.** As a result of notified disease in school children, examinations of school contacts were carried out where necessary but no additional cases were found. The number of cases (eight) is the lowest yet recorded.

TABLE 35  
B.C.G. VACCINATION OF SCHOOL CHILDREN

(a) Number offered vaccination ...	8,034
(b) Number tuberculin-tested ...	6,149 (76.5% of (a))
(c) Tuberculin positives ...	722 (11.7% of (b))
(d) Vaccinated ...	5,176 (64.4% of (a))

TABLE 36  
CHILDREN FOUND VERMINOUS WITH HEAD-LICE

School Groups	Number on Registers	Total Inspections	Total found verminous for the first time during year (nits with or without lice)					
			Boys		Girls		Both Sexes	
			No.	%	No.	%	No.	%
Primary or Nursery School Children	74,046	31,341	206	0.56	427	1.15	633	0.85
Secondary School Children	49,416	4,941	3	0.01	73	0.30	76	0.15
All ages	123,462	36,282	209	0.34	500	0.81	709	0.57

NOTE:—These percentages are based on the assumption that there are equal numbers of both sexes on the Registers. Children were found verminous in 100 (22%) schools.

TABLE 37  
DEATHS OF SCHOOL CHILDREN

Infective and parasitic diseases ...	2
Malignant disease (including leukaemia)	11
Vascular lesions of nervous system ...	—
Heart and circulatory disease ...	1
Pneumonia ...	1
Nephritis and Nephrosis ...	1
Congenital Malformations ...	5
Motor vehicle accidents ...	12
All other accidents ...	6
Other conditions ...	14
	53

The number and causation of these deaths is very closely similar to those recorded in the previous year.

## SCHOOL MEALS AND MILK.

I am indebted to the County Education Officer for the following information:—

### School Meals.

During the year, 340 departments were supplied with meals cooked on the premises and 115 departments with container meals from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:—

1959	...	...	61,375	1962	...	...	70,849
1960	...	...	64,591	1963	...	...	77,565
1961	...	...	69,241	1964	...	...	84,658

Of a total of 117,240 day pupils in School on a day in September, 1964, 72.2% took a school meal.

Four Cooking Depots are operated, their outputs being:—

Portchester	...	1,200	Romsey	...	...	640
Portsmouth	...	820	Winchester	...	...	621

### School Milk.

#### (a) Non-Maintained Schools.

One hundred and forty-eight non-maintained schools were supplied with milk, 145 having a pasteurised supply and three a tuberculin tested supply. In September, 1964, 13,471 (90.8%) pupils took milk in school.

#### (b) Maintained Schools.

All maintained schools were provided with pasteurised milk. The number of children receiving milk is shown in Table 38.

TABLE 38  
NUMBER OF CHILDREN RECEIVING MILK IN SCHOOL

					No.	%*
Nursery	...	...	...	...	33	100.0%
Primary	...	...	...	...	64,263	91.4%
Secondary	...	...	...	...	25,888	57.0%
					<u>90,184</u>	<u>76.5%</u>

\* Percentage of children at School on one day in Autumn Term.

TABLE 39  
GENERAL STATISTICS

Number of school children on registers of Maintained Schools—123,910 (September, 1964).

	Nursery Schools	Primary Schools	Secondary Schools			Totals
			Grammar	Modern	Bilateral	
New School or Department premises opened ...	—	4	—	1	1	6
Permanent closures ...	—	5	1	3	—	9
Number of Schools at 31.12.64:—						
County ... ..	1	218*	15	53	1	288
Voluntary ... ..	—	166	3	4	—	173
Total ... ..	1	384*	18	57	1	461
Average number of children on school registers in school year 1963-64 ...	38	74,829	12,018	34,657	1,144	122,686

\* Includes five Special Schools and two Hospital Schools.

The number of children attending Maintained Schools has increased by approximately 3,800 in the past year, and by 34,000 in the past 10 years.

**Further Education.** 701 full-time students under 19 are in attendance at the following Further Education Establishments:—

Basingstoke Technical College.  
Eastleigh Technical College.  
Farnborough Technical College.  
Winchester School of Art.  
County Farm Institute, Sparsholt.









